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SOME POINTS IN DIAGNOSIS OF DISEASES OF THE STOMACH.*

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In all the field of internal medicine, there is perhaps no ailment so common as dyspepsia or "stomach trouble," so called. These are terms employed indiscriminately by the laity and often ill-advisedly by physicians to designate some derangement of the stomach.

It is not unusual for the young practitioner to encounter such cases early in his career and knowing the trials that have been given the older members of the profession and often the indifferent success with these cases, he undertakes their treatment with some misgivings, and rightly so. Since if he prescribes some of the late preparations of digestive ferments with acid and some tonic, the usual remedies he may expect the usual result; the patient is rarely benefited and after he has perplexed and annoyed the doctor for some time, he passes on to some other physician, or falls an easy victim to some charlatan or patent medicine vender. The object of this paper is to urge the necessity of thorough examination by all the known means of diagnosis of cases of long standing digestive disturbance in which the diagnosis is doubtful and which fail to respond to ordinary treatment. This class of cases I believe to be much larger than is generally supposed. In this connection let me quote from Hare, one of our foremost therapeutists, who says, "Much carelessness still exists in the diagnosis of diseases of the stomach and the lessons imparted by modern methods

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of investigation go unheeded. The term dyspepsia should be employed only in a symptomatic sense, leaving the underlying cause still to be looked for."

Acute diseases of the stomach will not be considered in this discussion as less difficulty is experienced in their diagnosis and treatment and hence the employment of methods of precision is unnecessary. But special reference is made here to cases of long standing in which the cause is often obscure and in which it is impossible to determine whether the derangement of digestion is the primary condition or a sequence of some constitutional disease.

I shall not attempt to discuss the various forms of dyspepsia nor the pathological conditions of the system in which they occur, for this would exceed the limit of this paper and besides would be of no practical value. I shall only allude to them in a general way in passing. The older writers very naturally classified chronic digestive disturbances from a purely clinical standpoint, for even as late as 1885 we find in Pepper's System of Medicine two main divisions, Functional and Inflammatory. The Functional variety is defined as "disturbance of the digestive process not associated with changes of an inflammatory nature, so far as we know." Under the head of etiology as predisposing causes are named, Anemia, Febrile States, Exhaustion of the Organic Nerves, Deficient Gastric Secretion, leading to a disproportion of secretion to food. As exciting causes are mentioned, Dietetic Errors, Alcohol and Drugging. Great stress is laid on the nervous forms and the author remarks, "that no organ is subjected to such a wide range of nervous disturbances as the stomach." Such a classification, I think you will agree, is totally inadequate. It does not even hint at the nature of the pathological process and hence furnishes no rationale for treatment.

Let us glance at a classification based on careful analysis of the stomach contents and a knowledge of the physiological function of peristalsis. Osler classifies functional disturbances as follows:

1. Motor Neuroses embracing:

Hyperkinesis or Supermotility.

Peristaltic Unrest.

Nervous Eructations.

Rumination.

Spasm of Cardia.

Spasm of Pylorus.

Atony of the Stomach.

2. Sensory Neuroses:

Hyperaesthesia.

Gastralgia and other nervous anomalies of appetite, etc.

3. Secretory:

Hyperacidity or Hyperchlorhydria.

Supersecretion.

Subacidity or Inacidity.

We have in such a classification something tangible. We are told something of the causative factor and the results produced and we may undertake the treatment in an intelligent way, whether that treatment be directed against the cause or consists in dietary regimen.

If a satisfactory classification of the purely functional diseases depends on a knowledge of the digestive powers of the organ, how much more essential does such knowledge become in those conditions where actual structural changes have taken place. Here the measurement of the digesting capacity is a *sine qua non* in making a correct diagnosis and prognosis and more especially in outlining rational treatment. In the chronic forms of gastritis the most generally accepted classification is that of Ewald, who recognizes, (1) Simple, (2) Mucous, (3) Atrophic forms. These are distinguished by the presence or absence of certain constituents of the gastric juice and the presence of certain abnormal substances, for instance, in the Simple variety the hydrochloric acid may be diminished or absent, pepsin and rennin always present. Lactic acid may be found. The Mucous variety has for its chief characteristic the presence of a large amount of mucus. The Atrophic form shows none of the digestive ferments.

Osler says, "where possible the cause in each case should be ascertained and an attempt made to determine the special form of indigestion." Especially does he emphasize the need for careful study of the phenomena of digestion in the more obstinate and obscure forms. Now the chief medicinal remedies employed are hydrochloric acid and the various digestive ferments. How manifestly unscientific would be the supplying of any one of these substances to an organ perfectly normal as to secretion or even worse, to administer one of these agents, as for instance, hydrochloric acid to a stomach already suffering from Hyperacidity. And yet it cannot be denied that this very thing is constantly being done. No less important is the knowledge of the actual digesting capacity of the stomach in every case where so much depends on a carefully selected dietary. These facts are so obviously true that we need only to allude to them.

So far we have considered dyspepsia as a primary condition, but there are many diseases in which it is an accompaniment and often one that demands more skillful management than the original malady. Among these the more important are, Anemia, Chlorosis, Tuberculosis,

Gout, Diabetes and Bright's Disease. So inseparably associated do we find Anemia with chronic indigestion that it is often difficult to determine which is the primary condition. It is no uncommon thing in hospital practice to have cases sent in with a diagnosis of Pernicious Anemia, which are primarily obstinate forms of chronic gastritis with Anemia resulting from inanition. If by thorough examination of the organs of digestion and the blood a correct diagnosis is possible, hope for ultimate recovery may be held out. It is believed by many workers along this line that by careful routine examination a large number of cases of so called Idiopathic or Pernicious Anemia will be found to be secondary to digestive derangement.

Every general practitioner knows from sad experience the difficulties arising from chronic indigestion in many of the so called constitutional diseases, notably in Pulmonary Tuberculosis. One writer on this subject states that of three hundred analyses of gastric juice of patients suffering with this disease only 6 per cent. were found to be normal. Here the whole problem is one of digestion and assimilation and all the judgment and experience of the physician are brought into play. A thorough examination of the organs of digestion should be made, especially with a view to determining the amount and kind of food most suitable to the individual case. With this exact knowledge a much more certain prognosis is possible and the most potent agency in combating the disease, viz.: the bodily resistance is utilized to the fullest extent.

Coming now to the local diseases of the stomach, Cancer, Peptic Ulcer, Dilatation, Gastropptosis, etc. We find that often even the most painstaking examination by ordinary methods fail to furnish data sufficient for a positive diagnosis. The differential diagnosis between Cancer and Peptic Ulcer and between ordinary Dilatation and Gastropptosis often rests entirely upon the results of analysis and microscopic examinations. In those cases of Chronic Gastritis with marked Anemia, referred to under constitutional diseases, where no tumor mass can be palpated we are at a loss to know whether we are dealing with a simple advanced Gastritis, with a case Pernicious Anemia or with beginning Carcinoma. Of course a careful blood examination which is always indicated in such cases will shed much light on the subject. But if we give a test breakfast and examine the stomach contents, carefully testing for free Hydrochloric Acid and organic acids, especially Lactic Acid and make a careful microscopic examination of the solid portions, we can almost invariably clinch the diagnosis.

If we find total acidity increased, free Hydrochloric Acid normal or in excess, ferments present, organic acid absent and blood pigment

present we suspect Peptic Ulcer. Free Hydrochloric Acid greatly diminished or entirely absent, organic acids present, old blood (that is coffee ground material), fermenting food, Oppler-Boas bacilli point strongly to Carcinoma. Furthermore it is often possible to find shreds of Carcinomatous tissue in the stomach washings. In distinguishing between Dilatation not due to stenosis from malignant growth and displacement of the viscus we rely mainly on inflation, as the capacity of the stomach is variable and often nothing conclusive is demonstrated by a chemical analysis. But in emphasizing the importance of gastric analysis, we must not undervalue other means of diagnosis. A careful history taking with detail of symptoms is, of course, important and should never be neglected, but so various and so variable are the symptoms, because in many cases so largely does the nervous element enter in that a typical clinical picture of a definite pathological condition is impossible. We must then rely chiefly on the status praesens. The examination:

1. General Examination. The practiced observer notes the expression, color of the skin, sclera and mucous membranes, the general bodily nutrition and particularly inquires as to loss of weight. Next a careful physical examination of all the organs is made and any abnormal condition which may bear a causal or sequential relation to the digestive derangement is discovered.

2. Examination of the Stomach. A thorough knowledge of the anatomy of the stomach both macroscopic and minute as well as a familiarity with the physiological processes is, of course, a primary requisite to an intelligent understanding of digestive disturbances.

In the investigation of the stomach itself we employ (1) physical examination, (2) chemical examination, (3) microscopical examination of its contents. And to this we might add certain physiological tests to determine its absorptive and motor powers. There are numerous ingenious mechanical devices for the examination and treatment of the stomach by massage and Hydrotherapy, but these are not yet generally employed. For a brief routine examination the following will be found sufficiently comprehensive to bring out the salient points and at the same time as practicable as it is possible to make such examinations. The results here aimed at are for immediate clinical purposes rather than scientific experiment.

- (1) Inspection.
- (2) Palpation.
- (3) Percussion (including auscultatory percussion, which by many is thought to be of little practical value.)

2. Inflation by air with stomach tube and syringe or by Carbondiox-

ide gas generated in the stomach by allowing the patient to drink in rapid succession Sodiumbicarbonate and Tartaric Acid, the proportion being six grams of the first to seven grams of the latter, enables us to determine the size and relation of the stomach.

3. In making a chemical examination we give the patient a test meal consisting of thirty-five grams of granose with three hundred c. c. of water. (A dry roll of this weight and 300 c. c. of water will answer as well). In one hour the stomach tube is passed and the entire contents drawn off. The expressed material should be carefully filtered and while this is taking place, in order to save time, qualitative tests and microscopic examinations are made. The following points are noted: Amount, color, odor, specific gravity, reaction to litmus, presence of blood, mucus and food particles. Microscopic examination is made for red and white blood cells, Sarcine, yeast, moulds, Oppler-Boas bacilli; also shreds of tissue, if present, should be stained for new growth. If blood is suspected and is not found by microscopic examination, its presence may be demonstrated by the well known test of Teichmann, by the formation of haemin crystals.

The filtrate is now tested qualitatively for the presence of: (1) Free acids by Congo red paper, if present red turns to deep blue. (2) Free HCL by Gunzberg's method, employing Phloro-glucin-vanillin solution, a drop of the solution to a drop of the filtrate heated on white porcelain will change to carmine color. Another valuable test is Toffer's-Dimethyl-amido-azo-benzol 0.5 per cent. alcoholic solution. Add several drops of this yellow solution to a few drops of the filtrate, without heat, and note the color cherry red or carmine, depending on the amount of Hydrochloric acid present.

(3) Lactic Acid by Uffleman's method. 10 c. c. of the filtrate and 50 c. c. of ether are thoroughly shaken together and allowed to separate, pouring off the ether and dividing into two portions, one should be tested with fresh Uffleman's reagent, which is pale amethyst in color and changes to a canary yellow on addition of a small amount of this ethereal extract, if lactic acid be present. If greater accuracy is desired, DeJong's method is employed. The remaining portion of the ethereal extract may be tested for butyric acid or acetic acid if required.

(4) Pepsin, the presence of which is determined by the digestive test, as follows: A small disc of egg albumen is immersed in a test tube containing some of the filtrate and is set aside for three hours at 40°C. Note the degree of digestion. To another tube prepared in the same way add five drops of .2 per cent. HCL and note the digestion under the same conditions. Now if no digestion takes place in the first it may be due to the absence of HCL or Pepsin, but we know

whether or not HCL is present, having determined this by our qualitative test. So supplying it if absent, in tube No. 2 we get digestion if Pepsin or its Zymogen, Pepsinogen, be present.

(5) Rennin or its zymogen is tested for by adding three drops of the filtrate to 5 c. c. of milk at 40°C. and noting the coagulation which should take place in fifteen minutes. To a second tube of the filtrate rendered slightly alkaline add 2 c. c. of Calcic chloride and note the coagulation which takes place if the zymogen be present.

(6) With the data obtained from our qualitative tests we are able to proceed intelligently in our quantitative estimations. The constituents of the gastric juice required to be estimated quantitatively are: (1) Amount of free HCL. (2) Total acidity. (3) Loosely combined HCL. (4) Organic acids and acid salts. These determinations are made by titration with decinormal Sodium-hydroxide against certain indicators, as Alizarin-mono-sulphate of Sodium, Phenolphthalein, etc. and depend for their accuracy solely on the expertness of the investigator's eye in the detection of fine shades of color. This qualification as well as the speed with which the estimations are made is acquired only by practice. I shall not enter into the details as the methods uniformly employed are readily learned from text-books on the subject and every investigator finds some short cut to results.

The chemical analysis completed, we may also desire to test the motor or absorptive power of the stomach. The former is done by the administration of Salol and noting the time required for it to appear in the urine (forty to sixty minutes), the latter by the administration of Potassium Iodide and testing the saliva for free Iodine by the starch or fuming nitric acid tests, the average time for its appearance being six and a half to eleven minutes.

The routine examination suggested requires (1) necessary equipment, (2) experience in technique, especially practice in detecting delicate shades of color, (3) time. As to equipment, outside of the microscope which should be found in every physician's office, no elaborate or expensive apparatus is necessary, as the following list shows: Stomach tubes—large and small, glass beakers, test tubes, pipetts, buretts, reagents. All of these may be kept on a small table in the corner of the consulting room. In this line of work, as in every other, a beginning must be made, the first case undertaken and gone through with. This should be begun preferably under proper instruction and the manipulation should be gone through with a great many times until deftness is acquired. As to time, this is usually the chief difficulty. The busy practitioner "hasn't time, he says for such details." This is the key note to the situation. As a matter of fact it requires much less time than he imagines to go through the entire examination, from three-

quarters to one hour being ample. Surely this is not a great deal of time to devote to such cases and the information obtained, whether conclusive or suggestive, certainly warrants its expenditure.

There can be no question that the best results in the class of cases referred to are obtained in hospital work, where there is every convenience and facility for carrying on investigation and enforcing the most careful regimen. So that wherever possible is it to the patient's interest to be treated in such institutions? But it is not possible to have well equipped laboratories in all cities of any size where the physician may have such examination made. Clinical methods play such a part in medical diagnosis that these laboratories are indispensable. They are very properly connected with hospitals and medical schools. One such institution, the workings of which I have seen, receives patients referred for diagnosis by physicians from all over the State. The examinations are made and the diagnosis together with suggestions as to treatment furnished the physician, who proceeds with the treatment at the patient's home. From time to time the case is re-examined and report of progress made. While not an ideal plan, this has some decided advantages to the institution, to the doctor and to the patient.

In conclusion:

(1). We must all agree that much carelessness still exists in the diagnosis of digestive disturbances.

(2). In practically all acute digestive disturbances and in some chronic conditions, especially where there is tendency to improvement, precise methods are not necessary.

(3). In constitutional diseases with Chronic Gastritis present, where successful treatment depends on nutrition rather than medical agents, accurate knowledge of the digesting capacity of the stomach is most helpful.

(4). In many cases of Chronic Gastritis rational therapeutics depends on the differentiation of the form of the disease present. In all chronic cases where cachexia is present careful gastric examination is indicated.

ROENTGEN RAYS IN MEDICINE.*

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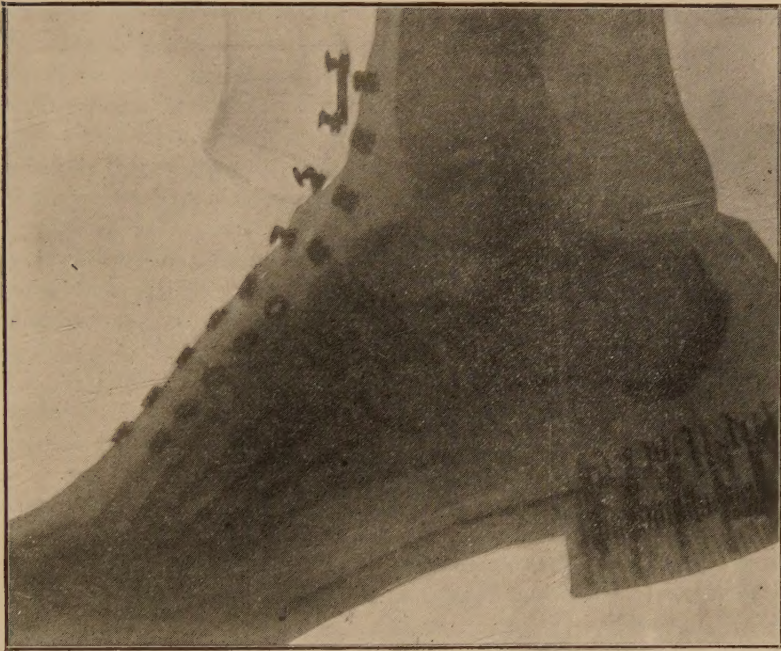
The world was startled some few years ago when Prof. Roentgen announced the discovery of his wonderful ray, which he styled the X or unknown ray, and from that time until the present it has been an interesting field of experiment. At first it was known only for its

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penetrating radiance, while today the therapeutic proprieties of the ray bid fair to out strip in usefulness its photographic powers.

The luminous effects of the X ray is well known, but few physicians have had much experience with its therapeutic proprieties, which now to electro therapist is attracting great attention and is being rapidly developed.

The Flouroscope is easily and conveniently used and in the thinner parts of the body, as the hand, foot, arm, is of great service, but in the deeper portions of the body the skyagraph is to be preferred.



It is not always an easy matter to take a skyagraph that gives a correct impression of the tissues inspected.

In the first place, the operator must know the machine which generates the electric energy, its power and capacity.

He must also know the penetrating power of the tube he is using, that he may be able to calculate the distance and time of exposure necessary to fix a good image on the sensitive plate.

The placing of this sensitive plate and holding it in connection with the part to be photographed is a very important step in the procedure.

The measurement of distance must be made from the center of the

anodal plate and it requires much patience and practice to be able to make them accurately, so as to give a correct impression of the tissues in the skyagraph.

There are many ways of taking these measurements and calculating your bearings in skyagraphy, some very simple and some complicated, yet exactness is hard to obtain.

Weigle, of Rochester, and Snow, of New York City, have each their especial method which are good, but perhaps the simplest methods to lay over the plate a piece of wire netting, and it is usually easy to locate the space in which the bullet shows up. This is probably the simplest method of all.

Time of exposure is varied by the penetrating quality of the ray, distance of the part from the tube, and the thickness of the part to be taken, varying from instantaneous work to one hour sittings or exposure.

Dr. L. A. Weigle, of Rochester, N. Y., has invented an X ray stereoscope in which he uses two stereoscopic negatives in a stereoscopic frame, which, when properly illuminated, virtually reconstitutes the object in space. It is reported in the *Electrical Review* that in the laboratory of the Bellview Hospital Medical College of New York, a special prepared tube is used "which displaces the silhouette with the stereopticon by using two sources of X-rays in the specially prepared tube, designed for the purpose, the picture stands out distinctly with the intervening spaces of the object viewed."

We must always take into account the liability of burns in using Roentgen rays.

The cause of the burn in these cases furnishes a fruitful field of conjecture; Teslar thinks they are due to the Ozone which is produced in great quantity, others think it is due to electrization of the tissue.

Oudin, Kienbeck and Schraeter, a committee appointed by "La Societe Francaise D'Electrotherapie," claim it is due directly to the influence of the ray itself, as is almost definitely proven by the mysterious action of the rays of Becquerel which are given off by Polonium, Radium and Uranium, which produce the same kind of ray and burn as the Crooks Tube.

Kaiser claims by the use of red and blue glass for tubes he is able to avoid all danger from burns.

I show you a proof of a skyagraph taken of a very large, fleshy gentleman's chest, to locate a bullet, which shows very nicely where it has been lodged many years. If you notice the bullet seems very small; I account for this by the tube being unsteady, owing to jar of machine which had to be run at great speed. This I consider a very good result, when we consider the size of the man, skyagraphed. The bullet is seen

just about the knitting needle. This proof, No. 2, I show you is that of a woman with acute tuberculosis, which shows the spotted condition of the lungs as is seen in these cases very well, and you are able to read with your eyes the condition of the lungs. There are many other conditions besides tuberculosis and fractures in which the X rays can aid us in diagnosing.

X-rays are extensively used now in the diagnosing of renal, urethral and vesical calculi. Many cases are now recorded where they were of great benefit in locating these stones.

They are useful also in aneurisms, osteo saroma, in joint affections showing whether false or true ankylosis exists or whether a fracture extends into a joint or not, also by it we are able to map out a periosteal abscess.

This brings us to the consideration of the therapeutic effect of the rays of Roentgen, by far the most important part of its wonderful effects. In the various forms of Lupus of whatever severity it has established a firm place. In fact I might say it has no competitor in this condition unless it is the positive static brush discharge, which is much slower in result although much faster than the "Finsen Light." Greenleaf has pointed out that these cases heal much better before being subjected to any surgical procedures than afterwards.

Volumes might be written on the numerous cases of Sarcoma, Carcinoma, Epithelioma and Rodent ulcer that have been reported by various authors. In fact there is more investigation now going on in this line than any other.

I have one case under treatment now of Epithelioma of right forearm, and while it has had only a few treatments the pain is much relieved, was relieved after the first treatment. The endurance has almost entirely disappeared and the ulcer is about one-fourth as large as it was three weeks ago. The improvement in this case is absolutely marvelous. Dr. E. Jones at my request made a microscopic examination of a specimen for me. In this case I first made an exposure at a distance of four inches for five minutes; this brought about such reaction and chills that she could stand the treatment only every three or four days, so I increased the distance from tube to 12 in.

In Epithelioma you want a tube with a low vacuum. In internal cancers you wish a tube with a very high vacuum.

Sequeira has treated 45 cases of rodent ulcer with most encouraging results. Beck reports one success in a case of melano sarcoma, but patient died from metastatic recurrence.

Allen, of New York, has had considerable experience in treating malignant growth by means of the X ray, and speaks very highly of it. He uses a strong solution of methylene blue painted over the

surface of growth; he thinks it lessens the chances of a burn, and also increases efficacy of the ray.

Williams, of Boston, and Pussey, of Chicago, have each quite a number of sarcomas and carcinomas treated by this means with unvarying success. Pussey also reports two cases of Hodgkins Disease in which the glandular enlargements were treated by exposure to the ray with marked benefit. Dr. Clarence E. Skinner, of New York, reports in the "Journal of Advanced Therapeutics" five cases of carcinomas and fibrocarcinomas occurring after hysterectomies, both in the abdominal cicatrix, and the vaginal cicatrix, complicating the bladder and the rectal walls, in which marvelous recoveries and improvements were made. All of these were absolutely hopeless as far as surgery was concerned.

The embryonic cells, which largely compose carcinomatous tissue are made up of unstable molecules and can readily be rearranged or destroyed. In the former case they assume a normal action once more. W. J. Morton says of the X ray: "Its influence for good and the healing of tissue is a positive fact which I have verified time and time again in my practice, . . . but granting the deep action of the X-ray, and we must grant it, it yet remains to be seen if this especial action is one that restores a cancer tissue to a normal tissue. I do not believe from the evidence now before me in cases now under observation, that we can afford to ignore the new hope and the new facts lately presented.

In conclusion I will say I believe we are surely approaching a specific for this dread disease, and we will soon be able to say, "Thus far shalt thou go, and no further."

MEDICAL JURISPRUDENCE.*

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Some persons who, like myself, are accustomed to speaking and writing on a great variety of subjects, are frequently appointed and more frequently prefer to exploit their views upon themes about which they know but little. This doubtless grows out of the fact that there is a great public demand to be befuddled, and an ambition on the part of a few of us to assist in the befuddling. I frequently find myself belonging to both of these classes, and by way of comparison a kind of Dr. Jekyll and Mr. Hyde. On this occasion and on the subject I shall treat, I am technically one of the mystified, while truly and really I appear before you as one of the mystifiers.

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We seldom learn anything except from books and experience, and as my experience in medical jurisprudence has been, happily for me, quite limited, you will pardon me for taking at least the definition of my subject from the books. We are told that it includes all subjects concerning which members of the legal and medical professions may seek information from one another, each acting in his professional capacity, and of course relates to medical law and the application of medical, surgical and obstetrical knowledge for the purposes of legal trials.

Medical jurisprudence is the only field in which lawyers and doctors work together, and there is a general rumor abroad that the lawyers get the best grazing. The fact is, any clear-sighted, level-headed doctor can plainly see and easily understand the inscriptions carved on the gateway to that particular professional arena, and if any of my hearers have never passed that way, let me tell you that on one of the columns is written: "Fools rush in where angels fear to tread," while on the other appears that prophetic warning, "He who enters here leaves hope behind."

I could not be reasonably expected to give you a learned dissertation upon my subject or expose to your critical minds the intricacies of medico-legal science. Such an effort would reflect no credit on me, and notwithstanding this is a free lecture I am quite sure that the intricacies of this subject are considered by most of us as useless as an overcoat in the torrid zone or a yard dog at a camp-meeting. Therefore, that I may be praised for my good taste, and you entertained according to your several capacities, I shall content myself with merely recalling to your minds the manner in which the doctor participates in the practice, the pleasure and the profits of this wonderful science.

In the general practice the physician does and sees much to elevate his feelings and develop his better nature. When he visits the home of his patient stricken down by disease, and quietly and unassumingly puts his professional skill against the work of the grim destroyer, moves about his work with watchful care and tender sympathy, and wins the grateful confidence of those who regard him as almost superhuman, he feels a sense of satisfaction that no words can well express; and if it should so happen that his patient dies he is not always chided and demeaned and criticized. He feels that he has done his best. He is not put upon the stand and under oath and the stern gaze of lawyers, judge and jury made to disclose the record of the case, the remedy administered and the progress of the disease. No professional relationship in life may grow so strong and sacred as that between the family and its physician. He sits beside the couch when the child is born. He smooths the jagged edges of its colic, and cuts the aching, burning gums when the teeth are coming through. He studies the physical ten-

dencies and predispositions, and as the child grows up he becomes its confidant and friend as well as his physician. These are delightful experiences to the active practitioner, and when he gets old they are pleasant recollections. But how different it is when called from his regular work to "graze in the pasture of medical jurisprudence," yoked up with a lot of unsympathetic and designing questioners who "don't know beans when the bag is untied," and who have no more mercy than a hungry wolf or a pirate captain.

I don't mind working in harness with other folks as long as I can get comfortable and decent treatment, I've no objection to coming in contact with an insurance agent in the examination of applicants for insurance so long as he permits me the free use of my professional judgments and shows a willingness for fair play. Many of us have at some time in our practice stood side by side with a minister of the gospel as he spoke words of Christian hope and spiritual comfort to those for whose physical recovery we have vainly used our best efforts. Such times and scenes and associations, however sad, have been ennobling; but when it comes to figuring with Medical Jurisprudence, confronting an impudent, insolent lawyer, who proves conclusively the truth of the old saying, "That any fool can ask questions," and makes you prove that "It takes a wise man to answer them," Good Lord, deliver us! If the rules of court and the customs of lawyers would allow a fellow to tell what he knows and stop, those of us who know so much would have an opportunity to achieve fame, while those of us who know so little would be spared much unenviable notoriety. When I think of how a simpleton who never studied anatomy or surgery or toxicology twenty-four hours in his life can take advantage of his privilege and make an able and learned physician squirm like a trodden worm and sweat like a nigger at an election, I turn away from this whole medical expert business with the same dreadful fear that seizes one fleeing from "plague, pestilence or famine." Some folks whose chief trouble is above their ears may think that a doctor is greatly dignified when he gets messed up with the average expert lawyer. I emphatically do not. The law is an honorable profession, and has many honorable members, but to be compelled to keep court house company with some of them—to be coupled up with one of these smart Aleck expert fellows who seeks under the shelter the law gives him to humiliate an honorable, high-minded, capable witness, reminds me of an anecdote I heard a friend of mine tell: "An uppish young writer unknown to the literary world, wrote a drama in which he thought there was much ingenuity and merit. Thinking to make a great hit and a big fortune, he wrote to a celebrated writer and proposed to him that if he would look over it and join with him in its authorship he would divide honors and

profits with him. The learned writer was so dazed by the gall and effrontery of this literary upstart that he returned the manuscript with this line: "How dare you couple a horse with an ass?"

However distasteful it may be to the physician and surgeon to be coaxed on one side and batter-whanged on the other in a legal trial in which he has no interest, it very frequently becomes necessary for him to air his knowledge or lack of knowledge concerning the many subjects embraced in Medical Jurisprudence, and on the preponderance of expert testimony often hangs the verdict of a jury which may take from a defendant his life or his liberty or deprive him of his worldly possessions.

Many cases arise in the courts where, if a just and righteous verdict is rendered, it must be done upon the testimony of our profession.

We take a glance into one court house, and in the prisoners' dock we see a man charged with criminal assault, while in the witness stand we see the expert witness, who, if he has a keen sense of his importance and precarious situation, looks and feels as solemn as a "donkey in a graveyard."

In another temple of justice we see in progress the trial of a will case, involving, it may be, thousands of dollars. The attorneys on one side are contending that the party who made the will was of sound mind and disposing memory, while their opponents are insisting that the poor fellow, whose doctor let him die, didn't have sense enough to make intelligent disposition of his property. Experts are led in "like lambs to the slaughter," to testify on the subject of insanity in general and nothing in particular, and after the cross-examination it is sometimes a debatable question as to which is the best off, the man in his grave or the expert witness, and that, too, without regard to the temperature of the climate.

Sometimes, although such cases are rare, we find a member of our own profession who in the presence of a jury of his country must establish his innocence against a charge of criminal abortion, or, like a "whipped slave driven to the quarry," must spend years in hard labor or confinement, with the stamp of a felon on his character, stripped of his personal honor and professional standing. In cases of this kind the role of expert witness is particularly trying and difficult. These are only a few of countless instances where the physician is required, under the solemn sanctity of an oath to testify, and after he has done the best he can, upon his conscience, he is often designated and denounced as a quack, a partisan or a pill driver, by attorneys on one side or the other, who more than apt are chiefly famous for their attenuated brains and amplified voices. No profession is so freely attacked, criticized and ridiculed as is ours in cases similar to those stated, and all other pro-

fessions are, by the very nature of their surroundings, shielded from such unpleasant predicaments.

It has been said a doctor buries his mistakes, while a lawyer's errors are hung up by the neck until they are dead in full view of the public eye. This witticism is not true, and especially is it false when we consider the realm of Medical Jurisprudence. Whenever a case arises in which a knowledge of toxicology is necessary, the attorneys cram, and cram, and cram on the classifications of poisons, their effect on the alimentary canal, the stomach, the kidneys, the bladder, the heart, etc., already in possession with the facts connected with the case, the ante-mortem symptoms and the post-mortem appearances, they studiously prepare "catch-questions," and "supposable cases" for the purpose of "downing" the expert witness to be introduced by the opposing side, rather than to ascertain the truth regardless of consequences.

It sometimes occurs that on account of a real or imagined wrong a suit for damages is brought against a physician for alleged mal practice, and history shows that the ablest and most conscientious practitioners are not always exempt from these attempts to besmirch their reputations and tread on their pocket-books. In such a case, the plaintiff's attorney, even though he be a "jackleg," can lay his plans and propound his problems so as to discount the honest statements of expert witnesses before a jury trying the case.

These things being true, these disadvantages resting upon doctors when called to occupy the expert witness stand, make it necessary that we observe extreme caution. The position is not only an unprofitable one, but most generally a thankless job. I don't know but in some instances a physician would be justifiable in professing ignorance just as most schoolboys would rather sit on the dunce stool than catch "blue ginger" under the jacket.

A certain very shrewd lawyer, in a bantering way, asked a country doctor what he would do if he should cross-examine him in a poison case soon to be tried. The doctor said he would do like Lucy Long did Judge Pinson. It seems the judge was a lecherous old gentleman, and quite vigorous in more ways than one. Wherever he went over the circuit his fame had preceded him. On one occasion he was going from one court house to another when he met in a lonely spot a solitary woman carrying a lot of turnips in her arms. Seeing that she was of likely build and somewhat comely in appearance, the old judge reined in his horse and said, "Good morning, Madam." "Good morning," she replied. "How far is it to cat town?" he inquired. "Ten miles, sir," she said. "How far to the next house?" "Two miles, sir," said she. And then the judge began in his seductive way to persuade her to do wrong. She steadfastly refused, until, thinking to change the subject,

she asked, "What might be your name?" "This is Judge Pinson." Lucy Long raised her voice in astonishment and exclaimed: "Why, law sakes, is this Judge Pinson?" and then realizing the hopelessness of her situation, with a sad smile and composed voice she said, "Well, I declare, Judge, just wait till I lay down my turnips."

But a complete surrender or a disinclination to bandy words with the examiner would not be advisable in all cases. The wisest lawyer, the ablest judge, the most conscientious and fair-minded jury are helpless in the administration of medical law without the aid of the doctors, and many cases where mysteries surrounding them can only be unlocked and explained by the expert physician.

This being true, we ought to be able to devise some method by which we, who may be called upon to shed light where much darkness is, can be compensated. I say, if it is feasible, the expert physician ought to be made to feel that he is properly remunerated, not only for the irksomeness of the situation, but for the light he sheds, and I would be entirely willing that he be paid, as gas and electric companies are, according to the amount of light furnished.

But levity aside. In this section of the country, rapidly filling up with machinery of every description, and people of every physical and moral cast, we can naturally expect an ever increasing number of cases in which medical expert testimony will be needed and demanded. We can proudly say that our profession has kept pace with the steady and gradual onward march made by the various interests, enterprises and profession. As to general or special practice of medicine or surgery we can furnish individual members who possess skill adequate for every general case, but I doubt if we have very many who have taken special interest in this particular subject. I suggest, therefore, that, if we can occasionally spare a few moments from our mad and successful pursuit of wealth, we use them in learning enough about medico-legal science, and its proper and practical application, to at least protect ourselves against imposition and criticism.

REPORT OF CASE.*

By R. C. BANKSTON, M.D.,

BIRMINGHAM, ALA.

On Jan. 11, 1902, I was called to a case of labor, which was of peculiar interest to me, as I had never seen, nor heard of a case anyways similar. The history and circumstances are about as follows: The case—Primipara. The husband engaged me in October, 1901, to attend

*Read before the Jefferson County Medical Society.

his wife, saying she expected confinement in November. She had menstruated last in February, 1901, and at time he came to me there had been shown no features unusual to such condition. I made a note of the fact that he would call me probably in November, when needed, and dismissed the matter from thought. On morning of Jan. 11, 1902, I was called to the case. Upon recalling the circumstances I concluded that he had made a mistake in time, etc., when he had seen me in October, previous. On going to the house and making an examination, I found the woman had been in bed for more than two months, not being able to go about as the uterus was so enormously distended. The fundus extended to the ensiform. The frontal distension was proportionate, she even requiring assistance to turn over. Upon interrogating her, she claimed that she might be overtime, but an old granny had told her it was all right. Her moans were incessant, and complaint of being in "great misery" as she expressed it, were constant. As it was demanded by the distension, I proposed immediate labor and inserted my finger into the cervix to dilate it, hoping to have membranes protrude, for puncture. A dark grumous fluid escaped; I gave 10 grs. quinine and used chloroform and soon dilated cervix sufficiently to bring on the child. The escaping fluid which evidently was the product of hemorrhage and amniotic, which had not been absorbed, was very offensive. I soon stretched the cervix, and the child came away, followed at once by the placenta which had evidently been detached for several weeks, being a hard mass. The child was a well developed male, and would weigh possibly eight or nine pounds; it showed partial maceration, and softening, having been dead some time.

Examination of the woman disclosed another child to come, and, in about half an hour a live girl baby of about seven pounds weight was born under usual conditions. This baby was strong and vital and is doing well now, after two months. The last child being fully matured and the first being macerated was interesting to me.

My conclusion is, that the dead child was conceived at the time when they supposed that pregnancy had occurred, eleven months prior to labor, the other being conceived about two months later.

The undeveloped condition of the second child, acted inhibitive on expulsion of the first, though it did not prevent detachment of the placenta at its maturity, which evidently occurred at time that she went to bed, two months prior to delivery.

During the weeks in bed the detached babe was being macerated in its Liquor Amnii, and the other babe was being developed to maturity. The counteracting forces, balancing each other so nicely as to nullify any desire of nature to expel the dead babe,

THE TUBERCULAR DIATHESIS.*

By E. O. WILLIAMSON, M.D.,

GURLEY, ALA.

In writing a paper embracing only one feature of Tuberculosis, I do so that we may confine ourselves to some limits in our discussion, that we may be able to more fully bring out the discussion along the one line of thought; for to write a paper upon the general history, including the etiology, symptomatology and treatment of Tuberculosis and discuss it from that standpoint, would about consume all the time that this meeting would have during its entire session.

There are two kinds or varieties of the Tubercular diathesis, the inherited and acquired. I will define the Tubercular diathesis as that condition of our cell structure when vital resistance is not up to the normal, or that condition of our bodies that gives favorable soil to the development of Kock's bacillus of Tuberculosis, and as I have already stated, there are two varieties, inherited and acquired. That there is an inherited cell structure that has not the resisting powers to prevent the bacillus of Tuberculosis from developing is quite certain. We find in man that the cellular structure of our body so made and woven by the great Creator of worlds, that mankind has to a very great extent when he follows the laws and plans and rules of the great Doctor of Nature, that he is on most all occasions able to resist disease and keep himself immune from Tuberculosis, and was it not for immunity or vital resistance that we possess in our own cellular structure we would all have Tuberculosis and we would soon be a nation of consumptives; but in man we find the great lymphatic glands and the phagocytes ready to offer a battle and a mighty warfare against this invading organism of Kocks who invades our living structure and there begins his proliferation that soon results in coagulated necrosis and death of the tissue involved; not until this lymphatic and phagocytic influence is overcome do we succumb to the ravages of Tuberculosis. Now what constitutes this weakened condition that we call the Tubercular diathesis that causes us to so easily succumb to the deadly effect of Kocks bacillus? Does it very often develop in those who live an out door life with Nature, in all her beauty and the purity of her winds, among the sweet smell of jasmine's perfume, and when we breathe the pure, fresh air direct from the bosom of Nature in her bounteous harvest? Nay; verily Tuberculosis is specifically a house disease, a disease of the city rather than the country; a disease of the shade rather than the sunshine. To use a vulgar expression, the nearer

*Read on February 11, 1902, at Tennessee Valley Medical Association at Huntsville, Alabama.

a man lives the life of a goat in the mountains and in the plains, in the sunshine, the greatest of all antiseptics, an antiseptic that will render any germ free from deleterious effects, the less likely is the individual to have Tuberculosis. So when the Tubercular bacillus invades our living tissues and finds there a favorable soil for his development, he begins to develop slowly in the great majority of cases, but surely; until like the jailor who handcuffs his prisoner, he has us in his most powerful grasp, and he shows no signs of being a coward, for he holds his ground with bull-dog tenacity and accepts no compromise. This weakened condition to succumb to Tuberculosis may have for its production quite a variety of causes. That the offspring of parents who are diseased with Tuberculosis are very susceptible to the invading organism of Kocks is quite a settled fact. For ages back we have had completely demonstrated to us that when the father or mother has Tuberculosis, the offspring is very likely to have Tuberculosis, or rather what our older writers called inherited Tuberculosis; but in the opinion of the writer there is no such thing as inherited Tuberculosis, for children born of Tubercular parents do not inherit a peculiar cell structure that is peculiar for its non-resisting power to Tuberculosis any more than children born to parents who are suffering from any other anaemic condition other than Tuberculosis, and I believe that those children who have been born with Tuberculosis have become infected through placental circulation, simply because their inherent resistance to disease was weakened, for the child in utero depends very much indeed upon the physical condition of the mother for its nourishment, and any deterioration from the normal standard of health of the mother will produce the same effect upon the child in utero, for it takes from the circulation of the mother through its velloious absorbtion, nutrition, and makes blood and cellular structure of its own, and there is certainly no reason to expect it to be different from the source from which it is taken. Hence a child born under these conditions is a splendid ground for the development of Tuberculosis; hence we may very often see when mother is affected with Tuberculosis we find child becomes affected, and the only escape for the individual born under the Tubercular condition is to render itself immune by building upon its already weakened cell-structure pillars of strength that will make it grow stronger, increase its resisting power to disease. This condition can be only brought about by accepting the remedies that have been given us from the Creator, that of good hygienic surroundings in the open air by the necessary amount of exercise and by that greatest of all remedies for the prevention of Tuberculosis, those of sunshine. It is quite within the range of possibility to take a child born of physically weak parents to grow strong

under proper surroundings, and be able to resist the constant invasion of Kock's bacillus; but of course it is a much easier task for us to take a child of strong, inherited cell structure and make it still stronger than one born physically weak. That the peculiar cell structure of father and mother is inherited the same as color of hair and eyes and disposition is also quite certain, but that there is no peculiar cell structure that succumbs easily to Tuberculosis except weakened cell structure, is to my mind quite certain; for Tuberculosis is an infectious disease that will develop anywhere and in any place in the human organism that he finds favorable for his growth and multiplication, and the Tubercular bacillus is no respecter of family history of its victim, but weak and inherited constitution from mother in utero, and weakened inherited cell structure from the spermatzo of father is about all there is of scientific interest in family Tuberculosis. The child is more likely to suffer from the weakened condition of the mother than the father; for reasons quite apparent; for in the spermatzo of the father is about all the influence that father exerts upon child, and it is quite possible for woman to become pregnant by a weakened man, and if she be strong and vigorous, impart a great deal more vigor to her offspring and give birth to a large, vigorous child, to use a vulgar expression, all that father has to with child is to start it, while mother nourishes it and keeps it for good. Some of our scientists are wanting to solve the problem of Tuberculosis by having weak fathers marry strong mothers that the mother may impart vigor and strength to her offspring; but along the line of survival of the fittest this is poor science.

We now pass on to the acquired Tubercular diathesis. This condition does not come from the development of the child in utero, but may be acquired by anyone at any time, the strong as well as the weak, the robust and the vigorous, from any cause that weakens their vitality and makes his powers of resistance small will be a predisposing factor. The indoor life is one of these causes. Tuberculosis may affect a man who leads a sedentary life, while if the same individual was leading an active, out-door life, he would be immune to its ravages. Animals in their wild state are never known to have Tuberculosis, but when kept in cages away from their natural surroundings they are very prone to its development. The rays of sunshine keep us from developing Tuberculosis; not alone Tuberculosis, but a great many other diseases. This indoor life, breathing air contaminated by foul gases and irritants, thus poisoning our blood, the nutrition of our cells begins to suffer; hence a weak vitality established, a favorable soil for development of Tuberculosis. We see in the negro race a striking example of acquired Tubercular diathesis. This kind race of people, who are among us from

not any fault of their own, but are here as the white man's burden, and right here I want to say I have nothing but sympathy for this poor, unfortunate people. Tuberculosis before the civil war was practically unknown among the negroes, but today he is succumbing to its deadly onset by the thousands, and in my opinion if not unchecked will entirely solve the race question by total annihilation. The reason the negroes have Tuberculosis is because they live in the poorest and ill-ventilated houses, with not enough of the food that makes blood, and he is simply incapacitated to govern himself, and freedom to him has been his greatest curse physically. Before the civil war he had plenty of good food, good clothes, good, well-ventilated houses and was made to stay at home and take care of himself. He developed a strong natural resistance to disease, but when free he gives himself up to every abuse and he has now begun to reap his harvest. The future of the negro is indeed quite sad and melancholic, and foresee in the future the total destruction of him as a race. Any acute disease that lowers a man's vitality is a predisposing cause to the Tubercular diathesis, especially so of catarrhal diseases of respiratory tract whereby they shed their epithelium and furnish an inviting soil for Tuberculosis. Working in mines and grinders in some of our big iron works are predisposing factors in the development of Tuberculosis, constant irritation weakening the vital structure of the lungs, rendering them easily infected. But, gentlemen, no matter what your occupation, what your environment, there will be no Tuberculosis if you are not exposed to the germs of Tuberculosis. Now in conclusion let me make somewhat a summary of my paper.

1. Two kinds of Tubercular diathesis, hereditary and acquired.
2. There is no inherited Tuberculosis direct from mother and father to child at time of impregnation.
3. That children born with Tuberculosis are infected through the placental circulation, and cannot properly be claimed to be hereditary Tuberculosis.
4. That any man may at any time become the victim of Tuberculosis by disease that renders him not immune.
5. That our only safety lies in immunity by strong resisting powers, and that this resisting power has to be obtained by observing good hygienic and sanitary laws and not by medicines.
6. That sunshine is our greatest blessing toward the prevention of Tuberculosis by its specific effects upon all germs.
7. That the negro race is in danger of complete annihilation by Tuberculosis.

GONORRHOEAL RHEUMATISM.

By J. DOUGLAS WESTERVELT, M.D.,

SHREVEPORT, LA.

The etiology of this disease has for many years given rise to much discussion without adding any reliable information on the subject under investigation.

The disease is recognized by many able writers as a toxemic effect of the gonococcus upon the general system, either by its presence in the circulation or that of the toxins of this micro-organism. They maintain that the specific urethritis is the local manifestation of the micro-organism, and the accompanying arthritis is a localized product of a general infection. They go so far as to claim that the synovitis is in no way related to rheumatism, and even discard the name under which the disease is generally known, calling it gonorrhoeal arthritis instead of gonorrhoeal rheumatism. The reasons set forth for such views are that the articular inflammation concurring with gonorrhoeal urethritis is different from that of ordinary rheumatism. These writers seem to ignore what is universally conceded, that the clinical features of a mixed disease are entirely different from the typical features of the diseases forming the complication. The fact that an articular inflammation associated with gonorrhoea is dissimilar to an ordinary synovitis, furnishes no grounds for believing that these conditions have no inter-relation. It is claimed by these authorities that gonorrhoeal urethritis causes the articular disease and yet they cannot explain its mode of actions in producing the two forms of inflammation. If the pyaemic theory is accepted why are the joints alone involved? Why are not the other tissues invaded? Why is the arthritis sometimes non-articular and sometimes polyarticular? Why should the large joints be more liable to invasion than the small joints, and why is the knee joint so much more frequently involved than others? A general pyaemic infection should not be so restricted in its operations. It is claimed in behalf of the pyaemic theory that gonorrhoeal arthritis does not require for its production the usual exciting causes which invite rheumatic attacks; but can anyone name any special exciting causes which invariably give rise to rheumatism? Gonorrhoeal rheumatism occurs most frequently in the early part of middle life, so does rheumatism. It occurs more frequently in males than females, this is also the case with rheumatism. Gonorrhoeal rheumatism occurs in only 2 per cent. of gonorrhoeal cases. If the gonococci or their toxins provoke the articular inflammation, it seems strange that they do so in only one or two cases out of a hundred of gonorrhoeal urethritis. According to the testimony of many trustworthy observers the same forms of articular inflammation have been known to accompany urethritis not produced by the gonococcus. This weakens the theory of pyaemic infection and

strengthens the contention by many writers of concurrent rheumatic disease as a dominating factor.

Furthermore, it is very rare to find pyaemia or septicaemia resulting from inflammation of mucous membranes, and if it should, other contiguous structures would be likely to suffer as well as the joints.

Is it possible that gonorrhoeal pyaemia will produce gonorrhoeal rheumatism, and at the same time never cause pyaemic disease in any neighboring tissues or organs? It is true that the pyaemic theory is now more generally accepted than any other, but the clinical evidence upon which it rests will not bear a critical examination. It would seem in the absence of any positive evidence to support the theory of pyaemia, accidental rheumatism as an intercurrent complication would be a logical inference in the determination of factors in gonorrhoeal arthritis. There is much more evidence in favor of this theory than that of pyaemia, but the tendency of most writers to reason from the standpoint of an unwarrantable bias leads them to ignore every argument which refutes the theory of gonorrhoeal inflammation. They claim that the gonococcus has been found in these inflammatory lesions, but they overlook the fact that in the majority of cases it has not been found, and furthermore, its presence does not prove that it causes the lesion. The writer does not claim that all cases of arthritis in gonorrhoeal disease are rheumatic nor that the gonococcus never exerts any provocative influence over the arthritic inflammation. The main contention of this paper is, that the variegated clinical history of rheumatism shows that it is a potent factor in many localized lesions, and there is no justification in a sweeping denial of its relationship to gonorrhoeal arthritis. The symptoms of gonorrhoeal rheumatism during the course of gonorrhoeal urethritis, are, a sense of uneasiness, aching, stiffness and lancinating pain in one or several of the joints. The knee is oftener involved than any other articulation, especially the left knee. Other joints may become consecutively or simultaneously involved. The articular inflammation usually develops in the later stages of gonorrhoea, and often after the urethral discharge has almost entirely ceased. The articular symptoms arise gradually without any alteration in the external appearance of the joint. As long as the affected part is at rest there is not apt to be much pain, but the least movement provokes it at once. The inflammatory process is of a sub-acute type and it never announces its advent with a chill as generally happens in pyaemic attacks. When the inflammatory attack reaches its culminating point the joint may become distended and give rise to considerable effusion. The articular inflammation may run an indefinite course and last weeks or months.

In these cases if the effusion is of a fibrinous character ankylosis may result. In the treatment of this disease we must not lose sight of the fact that we have to deal with a mixed form of disease. We have the gonorrhoeal element confronting us, and we also probably have a rheumatic element to claim our attention. Besides these conditions we may also be required to treat the general health of the patient. If there is a urethral discharge it must be treated. If there is a rheumatic condition it must be treated. If there is an impaired state of the health, this also must engage our attention. The local treatment of the articular inflammation will not differ materially from that of any inflammation of the joints. We must allay inflammation, stimulate absorption of effusion and restore normal functions of the articulation. There are many methods of accomplishing these objects. For the urethritis we may resort to instillations of Permanganate of Potash, with the internal administration of Cordial of Cod Liver Oil Compounds (Hagee), with five grain of Iodide of potassium to each tablespoonful of this preparation. A tablespoonful to be given four times a day after meals and at bed time. The iodide of potassium may be increased or diminished according to the requirements of the particular case. This disease with its painful accompaniments has a depressing effect on the vital processes, and rapidly impairs nutrition. The iodide of potassium removes the cause of the pain by its eliminating properties, and the Cordial of Cod Liver Oil Compound improves nutrition, tones up the nervous system and by regulating the kidneys allays the acidity of the urine. With such a constitutional corrective, and suitable diet, and mild antiseptic injections or irrigations this disease is readily subdued. Besides the general restorative action of the above remedy, this directly increases the excretion of urine and uric acid and renders the urine less irritating to the inflamed mucous membrane of the urethra. This preparation is therefore intended to meet both the rheumatic and gonorrhoeal conditions of this troublesome disease.

It is palatable and efficient in the doses named. A tablespoonful after each meal and at bed time being the average quantity required for successful results.

REPORT OF HEALTH OFFICER OF JEFFERSON COUNTY.

By J. M. MASON, M.D.

Birmingham, Ala., Feb. 10, 1902.

To the Jefferson County Board of Health, Birmingham, Ala.

Gentlemen: I have the honor of submitting to you my annual report for the year 1901. You will find on exhibit A the birth and death rates

EXHIBIT A.

Table showing birth and death rates, for the county of Jefferson, 1901. Population upon which calculations are based: Total, 140,420.

	BIRTHS.						DEATHS:					
	Total	Rate Per 1,000	White	Rate Per 1,000	Colored	Rate Per 1,000	Total	Rate Per 1,000	White	Rate Per 1,000	Colored	Rate Per 1,000
Birmingham.....24,147 white	910	23.6	551	22.8	359	25.1	1009	26.2	450	18.6	559	39.1
".....14,268 col'd												
Beats.....53,000 white	1284	15.9	931	17.5	353	12.8	745	9.2	339	6.4	406	14.8
".....27,394 col'd												
Avondale.....2,065 white	102	33.3	73	35.3	29	29.1	62	20.2	40	19.3	22	22.1
".....995 col'd												
Bessemer.....3,525 white	74	11.6	41	11.6	33	11.6	120	18.9	48	13.6	72	25.4
".....2,833 col'd												
East Lake.....1,350 white	15	7.5	13	9.7	2	3.	11	5.5	8	5.9	3	4.6
".....650 col'd												
Ensley.....1,100 white	31	14.7	10	9.09	21	21.	56	26.6	28	25.5	28	28.
".....1,000 col'd												
Pratt City.....1,835 white	112	32.1	96	52.3	16	9.7	41	11.7	21	11.4	20	12.1
".....1,650 col'd												
Trussville.....500 white	5	6.7	5	10.	—	—	—	—	—	—	—	—
".....242 col'd												
Warrior.....650 white	11	10.8	9	13.8	2	5.4	2	1.9	2	3.	—	—
".....368 col'd												
Woodlawn.....2,280 white	28	9.8	27	11.8	1	1.7	49	17.2	40	17.5	9	15.84
".....568 col'd												
Coalburg-Prison.....26 white	—	—	—	—	—	—	42	83.5	2	76.9	40	83.8
".....477 col'd												
Pratt-Prison.....50 white	—	—	—	—	—	—	36	48.7	3	60.	33	47.8 ₉
".....689 col'd												

of the different towns and beats in the county. Exhibit B shows the

EXHIBIT B.

Infectious diseases, Birmingham, 1901.

	SCARLET FEVER			DIPHTHERIA			SMALLPOX		
	White	Blk.	Total	White	Blk.	Total	White	Blk.	Total
January.....	3	0	3	4	0	4	0	0	0
February.....	6	0	6	7	0	7	3	3	6
March.....	8	0	8	6	0	6	0	10	10
April.....	6	0	6	9	0	9	1	4	5
May.....	11	0	11	5	0	5	1	3	4
June.....	8	0	8	3	0	3	0	0	0
July.....	24	1	25	1	0	1	0	0	0
August.....	34	2	36	4	1	5	0	0	0
September.....	29	7	36	3	1	4	0	0	0
October.....	25	6	31	5	1	6	0	0	0
November.....	16	3	19	5	1	6	0	0	0
December.....	13	1	14	1	0	1	0	1	1
Total.....	183	20	203	53	4	57	5	21	26
Deaths.....	13			5			0		
Percentage Mortality...	5.9			8.59			0		

infectious diseases reported each month in the city, together with the rate of mortality. Exhibit C shows the record of infectious diseases

EXHIBIT C.

Infectious diseases in county, 1901.

	SCARLET FEVER		DIPHTHERIA		AT HOME SMALLPOX		ADMISSIONS* SMALLPOX HOSPITAL			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	White	Black	Total	Deaths
January.....	1	0	1	0	4	0	0	23	23	1
February.....	7	1	2	0	4	1	3	41	44	3
March	8	0	0	0	5	0	1	29	30	1
April.....	3	0	0	0	11	0	4	29	33	2
May	4	0	0	0	4	1	4	22	26	0
June	0	1	0	0	1	0	0	5	5	0
July	12	4	0	0	0	0	0	4	4	0
August.....	17	2	1	1	0	0	0	1	1	0
September.....	15	6	2	1	0	0	0	0	0	0
October	30	0	2	0	0	0	0	1	1	0
November	3	0	0	0	0	0	0	0	0	0
December.....	5	0	6	2	0	0	0	3	3	0
Tota l.....	105	14	14	4	29	2	12	158	170	7

reported in the country, together with the record of admissions and deaths at the smallpox hospital. In addition to the cases tabulated on exhibit C, the City of Bessemer reported five deaths from Scarlet Fever, Pratt City reported three deaths from Scarlet Fever and one death from Diphtheria. The total number of cases at these two points has never been reported to my office. At Connellsville about forty cases of Smallpox occurred, which were attended by the local physicians and were quarantined by Mr. L. King, who was specially employed for this purpose. There were no fatalities. Among the negroes, and at many remote places, there is reason to believe that cases of Smallpox and Scarlet Fever of mild type have occurred from time to time, of which the health authorities can get no information. Exhibit A shows a total of 1009 deaths in the City of Birmingham, which gives the annual death rate 26.2 per 1000. Some information as to the diseases which caused this high death rate may not be out of order. A glance at exhibit B will show that the infectious diseases reported to this office have caused but a small number of these deaths.

From Scarlet Fever there were 13 deaths; from Diphtheria there were 5 deaths; from Smallpox there were no deaths; from Typhoid Fever there were 38 deaths, while from Pneumonia and Broncho-pneumonia there were 180 deaths, and from Pulmonary and other forms of Tuberculosis there were 139 deaths.

From these two causes, Pneumonia and Tuberculosis, we have a total of 319 deaths, which is 31.6 per cent. of the total mortality. Together with the country at large, the city has been visited with an epidemic of Scarlet Fever, 203 cases having been reported to this office.

In order to prevent the spread of infectious diseases, the city has purchased the best obtainable Formaldehyde Generator, and each house

in which an infectious disease occurs, is thoroughly disinfected by the city sanitary inspectors before the placard is removed. Each case of infectious disease is also reported to the school authorities as soon as reported to this office, and in this way school children from infected homes are excluded from school. The pressing need for a City Bacteriologist is constantly felt, for without microscopic examinations in easy reach of all the physicians, many cases of mild Diphtheria are necessarily overlooked.

During the year, efforts looking to the purifying of our water supply have been undertaken, and there is every reason to believe that these efforts will result in great and lasting improvements.

Very respectfully,

J. M. MASON, M.D.,
County Health Officer.

ANNUAL ADDRESS.

By HON. JOHN M. CALDWELL.

(Delivered to the Graduating Class of the Birmingham Medical College, at the Jefferson Theatre, March 28, 1902.)

In response to an invitation from the faculty of your alma-mater, I am here to say a few words upon a subject or subjects of my own choosing.

It has been my task many times to address bodies of men who held in their hands the lives and liberties of fellow-beings who were in the custody and clutches of the law. Many of them had exceedingly bad cases, but all were innocent.

It has been my privilege many times to address conventions, and assemblages met for the purpose of discussing politics, general education, temperance, and various other matters of public interest and importance. In such few pensive hours as I have enjoyed there have come to me visions and dreams of this present moment. I have longed for such a time as this. I might say that amid the refined and praiseworthy ambitions of my life there has risen above them all, and yet checked and restrained through lack of opportunity, the desire to speak words of comfort, warning and encouragement to young men, who, bowing at the shrine of Esculapius, bringing as tribute there, concentrated and consecrated faculties, capabilities and fidelities, and strong, energetic natures, are equipped to run an honorable race with competitors and to wage a ceaseless warfare upon the ills of human flesh, under a banner bearing such strange devices as these: "One teaspoonful three times a day after each meal, one tablespoonful before meals in a little water. Must be shaken before taken."

Admonitions as to over-lengthy and tedious talks, which one so often hears, and a proper conceit of the proprieties of this occasion, have constrained me to write you a short composition rather than risk an over-voluble tongue, uncurbed and encouraged by the chance and inspiration of these auspicious surroundings.

Indulge me in the remark that no one more than I could better appreciate this honor. No one more than I feels that deep sympathy and high respect for the worthy representatives of your chosen profession to which they are so fully entitled, and no one more than I has greater cause for gratitude to a doctor friend to whose patience, faithfulness and skill the debt of recovered health is due. These words should at once establish amicable relations between us this evening, and as the conversation will not probably get around to you just at this time, I take your kind, benevolent and cheerful expressions of countenance as a vindication of my suggestion, and shall proceed to give you some friendly advice. First let me remind you that you have all been little boys. You have felt the wealth of kisses and caresses so richly laden with a mother's love.

You have been described in letters to distant relatives, and in eloquent speech to friends of the family, as models in good looks and prodigies in precociousness.

You have been responsible for connection between tacks and paternal feet at the dead hours of night—for tired, sleepless eyes, and the worn-out mother's anxious days.

You have doubtless fallen off the porch, tumbled down stairs, or been nearly kissed to death by the neighbor women when you were little, because you were "just too sweet to live."

You have rocked the dog, terrorized the cat, broken out window panes, and I dare say developed an early and dangerous fondness for scissors and green fruit.

You have played truant at school, begged and cried for circus privilege, built air castles which had cigarettes for chimneys, and firecrackers for fuel, and have doubtless cherished the fond hope that some day you would become a policeman or railroad conductor.

You have caused your home folks fearful periods of distress on account of your hunting and fishing excursions prolonged after night-fall; have dealt more or less in the recreations and pastimes of parties and picnics, whose most delightful experience was a low, undertone conversation with a certain pretty girl, your love for whom could be most practically illustrated by the size of her father's oil, gas and coal bill.

You have had educational facilities, and the honors conferred this

night show that you have utilized them, greatly to the pride and satisfaction of those whose lives touch yours in the ties of blood and intimacies of friendship.

I have recalled these scenes not so much to chide or amuse you as to show how much you have cost.

Hope, love, pride, care and needed help all appear like golden threads in the warp and filling of your past, and should be an inspiration to you tonight as you stand on the threshold of life's activities, for the world extends no cordial help to those who get neither comfort, counsel or warning from the past.

Graduated as you are from an institution so rapidly advancing in strength, popularity and usefulness, and having pursued your studies and acquired knowledge amid surroundings of such decided industrial and commercial bustle and activity, it would be strange if you failed to catch some of the spirit of energy that is thrilling the life and quickening the progress of a city which is destined to be unrivalled in the South in all the features of a great metropolis, and appropriate and apply it in the pursuit of your profession, for energy is a power of more universal application than the subtle force of electricity which has wrought miracles for the use and comfort of mankind. Energy is better than ability. It develops, strengthens and uses it.

Now for a little advice:

When you have located to practice your profession, get acquainted. I do not mean that you should take a quick census of the community, but get the names of those to whom you are introduced well fixed in your mind. This is a valuable suggestion. Men feel complimented that their names are remembered, while a stiff, formal "how d'ye do," is to some people actually irritating. You will very naturally feel more solicitous about your own patrons than others, and yet you should treat the patrons of other doctors with great civility. You need not say, "Are you all well?" in an inquiring way, but make the friendly declaration, "I trust your people are all well, sir." Such courtesies win respect and confidence. Take no part in feuds or factions. If people have private or personal grievances let them settle it. In such matters it is far better to be peace-makers than partisans, and as long as you can do so with honor to yourself and your profession, bottle your anger, for bottled wrath is better than broken bones.

Avoid gossip. It has been said that "gossip is a sort of smoke that comes from the dirty tobacco pipes of those who diffuse it; it proves naught but the bad taste of the smoker." Nothing so detracts from the dignity of a physician as regularly repairing to the rendezvous of loafers and gossipers for the purpose of indulging in small chat and finding

out the latest scoops of the gossipers and scandal-mongers. One who occupies so close and sacred a relationship to the people of his community should be agreeable and affable in manner and speech, but always reserved and guarded when tale-tellers and tattlers are on the scout. Cultivate an utter disregard for unjust and unmerited criticism. The individual members of no class or calling among men are so frequently subjected to harsh criticism, ingratitude and blackmail as physicians, and sometimes these are countenanced and encouraged if not inspired, by nominal members of the fraternity, whose envy or enmity has been aroused. Such men shoot harmless darts, for they are easily recognized and properly estimated by the public mind as well as by the courts of the country. Avoid as far as possible the burden of expert testimony and if you should be compelled to such a task, do not appear to know too much, for while it is said:

“See one physician like a sculler plies,
The patient lingers, and by inches dies;
But two physicians, like a pair of oars,
Waft him more swiftly to the stygian shores.”

It has also been said:

“For lawyers like the mill-stones grind
Whatever grist their clients mind,
And hapless he who gets between
If he too much has known or seen.”

Eschew politics. You should not withhold your influence where questions of principle are involved, for physicians should at all times be the outspoken advocates of everything that pertains to just government; and especially should they espouse every cause which has for its object the promotion and conservation of health and good morals. There are certain subjects of legislation which demand the advocacy of wise and thoughtful doctors. But for the brain and persistency of the lamented Cochran, the present excellent system of laws controlling the practice of medicine and surgery in Alabama would have been delayed to a remoter period in the calendar of time and the incalculable benefits which have resulted both to the profession and the public, would have been correspondingly postponed. I mean to advise you to avoid mixing up with practical, scientific, conscienceless men who recognize no authority except the “ring,” pays no allegiance except to the boss of the ward or precinct, and worships no god except the grand mogul of the office trust. Your calling is higher than that—ininitely so. However, if in the community or section where you shall locate,

there should ever be a member of your profession whose gifts are so varied and whose talents are so versatile as to capacitate him as fully for one sphere as another, and the people should cry out with a loud voice that he should make the race for the high and honorable office of Lieutenant-Governor; remembering that vox populi is vox Dei, you might for the time being relax the general rule.

While I am certain that you have, from the able lectures to which you have intelligently listened, learned much of the theory of medicine, and by the clinics have had demonstrated to you some of the arts and mysteries of practice, realizing that a fair discussion of the various germ diseases would require upon my part the employment of so many uninterpretable technicalities and the unfolding of such startling mysteries, that I shall "cut all of that out." This I regret to do, but my reasons are good, and the time allotted to me is fast expiring. I shall, therefore, dismiss the matter by commending to you for future entertainment and profit, the careful and studious examination into the character and habits of bacteria, bacilli, germs, parasites, and animalculae of every known description, and would earnestly suggest for the sake of science and the good of mankind, that you join in the general search for all of those that have so far escaped detection. What we most need now is to catch all the germs—use some of them, counteract others, and kill all of the balance. With the germs properly harnessed and thoroughly understood, Birmingham and all other cities can enjoy the luxury of pure water. I understand that recently in this great city the medical fraternity, having achieved many signal victories along other lines, bravely determined to tackle water. I was rejoiced to hear it, but somewhat surprised to learn that they had concerned themselves about pure water for drinking purposes. They deserve Godspeed and encouragement.

And now by way of a little diversion, permit me to say something of the quack doctor. If I describe him you will be well warned.

A gentleman was standing by the cigar case in a drug store, a so-called doctor being near. The gentleman invited him to join in a cigar. The party whose name revelled in front of the self-assumed abbreviation of doctor of medicine replied, "I don't smoke, sir." The gentleman complained of feeling sick, designating his illness or describing his symptoms. This step son-in-law of Esculapius, with the eager expression of a hound dog in a fox chase, quickly turned to the gentleman and said, "Why, sir, I can Kiore you." He was an impudent quack.

The most dangerous specimen of the quack doctor is the one who adopts deceptive means and practices fraudulent but plausible arts to enhance his position and increase his patronage.

He rides his horse like fury through the town or settlement on the false pretense that he has an urgent call. He whizzes around the corners and darts by the crowds and goes Gilpin down the road to an imaginary patient, and he doesn't care a fig who sees him as he creates all this commotion. He is always talking about the marvelous way in which he has reached some poor fellow just in time to snatch him from the grave. He attends church at times, and while the services are in progress feigns sleep so that his intimates may say that "the poor man is completely fagged out," and occasionally he has notes or messages sent to him in the sanctuary as an advertisement of the constant demands which are supposed to be made upon splendid skill.

He is too smart to abuse other doctors in a downright way, but damns them with faint praise or friendly fears. "He's always afraid that some young physician will fail, he's so young, and has had such bad luck to begin with. I am so sorry," "for some people might think it was lack of skill," and thus he attempts to scurrilize and vitriolize those who may stand in his way. His remedies some of them have been carefully guarded secrets inherited through several generations of an ancestry famous as physicians. He has little to say in favor of Medical Colleges, scorns books and high class learning and talks loudly about bedside sense and born doctors. Who but must grieve there are such quacks as he?

Young gentlemen, I trust your future fame shall rest more firmly than on such sands as those. Let your conduct fulfill the predictions which this occasion makes for your future course. Your minds at times will revert to this college which will soon erect a magnificent building of its own, and putting on its seven-league boots will join still more surely and swiftly in the race for eminence and usefulness; and to this city where so much has been done and is being done for the alleviation of sick and suffering humanity—a city justly proud of her St. Vincent's and Hillman Hospitals, her well appointed private infirmaries, her skillful surgeons, and her able physicians. You will also remember that your State has furnished men who have contributed ineffaceable embellishment and glory to Medical and Surgical science: that Marion Sims and John Wyeth have received unstinted praise from a continent of doctors for their successful achievements.

Let these reflections excite your pride as Alabamians and as doctors.

Wishing you great honors and success in all your endeavors, a reasonable portion of health and fortune, and advising you to marry a good looking, well-educated, sweet-tempered woman just as soon as possible I wave you bon voyage.

VALEDICTORY ADDRESS.

By C. L. MURPHY, M.D.,

WALNUT GROVE, ALA.

Delivered at the Graduating Exercises of the Class of 1902, of the Birmingham Medical College, March 28th, 1902.

Honorable Dean, Gentlemen of the Faculty and Class, Ladies and Gentlemen:

It is with mixed feelings of contending emotions that we assume our places tonight in the program of the annual commencement of this college. Feelings of appreciation and gratitude to the faculty for the noble work they have done towards our professional training; feelings of sorrow at having to part from them, our collegemates, and friends; exultation and joy, because our labors are being rewarded by this recognition of our professional acquirements; bouyant with hope and expectation as we take the first step in the pathway of professional life, marked out for us by the hand of destiny.

Now, as the years of our medical training have been brought to a close, it seems meet and just that we should render unto those through whose instrumentality we have received so much, an expression of gratitude we feel in our hearts towards them for their patient and tireless efforts in our behalf through the years of toil that have passed.

With what painstaking care we have been shown and have observed the intricacies of human anatomy accompanied by beautiful and vivid description of the function of each minutest part. We have peered through the eyepiece of the microscope at the mysteries of nature as revealed in the lowest forms of organic life. With rapt attention have we listened to the lucid and eloquent discourses on the Science and Art of Medicine, while our attention has been forcibly directed to the tie that binds them in close relation to justice and law. With wonder and admiration, we have watched and assisted our skillful surgeons as they dexterously wielded the catlin and scalpel with such delicacy of touch and with a precision that makes no mistake. As we have been taught the pathological changes which brings an end to life, we have been inducted into the mysteries that mark its beginning. We have treaded the mystic maze of nervous disorders and phenomena, and with awing attention contemplated that wonderful organ of man which is the connecting link between mind and matter. In all departments of our course, this splendid faculty have been our trusted guides, and our attainments have been limited only by our capacities and application. May their future be as bright as their past has been useful, may even greater rewards crown their efforts in the great work which they

are doing, and their pathway through life be as silver threads among the gold.

To the students of the other classes, we bid a kind and brotherly farewell. May success crown your efforts to establish a high standard of excellence for yourselves, your classmates and the college. As each succeeding class shall in turn be honored with an occasion like this, may each reflect credit and honor upon this noble institution which becomes our Alma Mater (of medicine).

It is perhaps not out of place here to call your attention to the Young men's Christian Association which we have organized in the college this session. To you its future is intrusted. Under your fostering care, may the success which has attended it thus far be perpetuated in each succeeding session. We are aware that the environment of a student of medicine is such that he is brought face to face with vice in its worst forms, and that the forces of evil are focused with more than usual intensity upon student life. We have been brought to realize the necessity of such an organization to maintain a higher standard of morality. Who of us has not felt the inspiration of our songs of praise and the kindly words of admonition and advice so generously and eloquently contributed by the ministry of the city. May this movement mark an epoch in the history of the college, and henceforth may the students be noted for their morality and good character as well as their qualification for the practice of medicine.

Fellow graduates, our college days are over. We stand tonight on the threshold of our professional life. The pleasing dreams and romantic fancies which may have attended us thus far must now give way to the stern realities of practical life. As we sever the ties that bind us together as students of medicine, we shall enlist in one of the noblest of professions. May we honor it with our knowledge, our character and our lives; so that when the sunset of our existence on earth shall come, we may look back upon a life well spent in the cause of humanity and our souls prepared as living stones in that spiritual building—that house not made with hands eternal and in the heavens.

To the citizens of Birmingham we bid a kind farewell, and in doing so we extend our thanks and appreciation for the reception we have received at your hands. To you who are surrounded by all that goes to make up a large and wonderful city, is intrusted in no small degree the future of this college. You should uphold by your means and influence this splendid faculty in their efforts to maintain the reputation and renown of this institution. And when Greater Birmingham shall become a reality, may this magnificent city be noted for its learning as well as for wealth, for culture as well as for industry, and when the

new college buildings shall lift its lofty turrets on yonder beautiful site, may it be the Mecca of ambitious young men for unnumbered decades; the Parthenon of a new Athens in a modern world, whose fame shall be handed down through the cycles of time, bathed in the mellow light of a glorious past.

REMOVAL OF GUN POWDER STAINS.

By Dr. E. G. Corbett, Hampton, Fla.

(Published by The Medical World of Philadelphia, Pa., February, 1902.)

On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocain. After the operation I used a fifteen per cent. solution of Hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of Hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of Hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.

THE VALUE OF SANMETTO IN SURGICAL OPERATIONS.

It is with pleasure that I attest the merits of Sanmetto, and I think my experience with the drug justifies all the good things I can say of it. I have used it very extensively, and especially do I find it valuable in allaying inflammation in the prostatic urethra before surgical operations, and in keeping the urine bland and non-irritating after the operation is complete. It always has a soothing and sedative effect upon the kidneys, bladder and urethra. I shall continue its use in all forms of genito-urinary irritation.

Chicago, Ill.

Thomas P. Graham, M.D.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, \$2,242.55 per annum. For particulars address M. D., Sumterville, Ala.

Selected Articles.

A THERAPEUTIC STUDY OF EPICARIN.

By JOHANN SZABOKY, M.D.

None of the numerous remedies recommended for the treatment of scabies can be regarded as ideal. Each and every one has the disadvantage of possessing some injurious by-effect. Wilkinson's ointment, *sapo viridis*, *styrax*, etc., soil the linen and have a disagreeable odor. Ointments of betanaphthol irritate the kidneys; balsam of Peru is too costly, and petroleum dangerous on account of the risk of fire. The ideal can only be attained by some remedy which produces a rapid effect, but without any irritating sequelae, which does not soil the clothing, and besides which is not too costly. Such a remedy has been claimed to be found in recent times in epicarin, concerning which a number of authors, including Kaposi, Siebert, Pfeifferberger, Rille, Kraus, and Ivanyi, have reported their observations.

Like some other experimenters I have tested epicarin not only in scabies, but also in those cases in which it seemed, in view of the chemical nature of the preparation, it would probably prove efficient. It is important that analysis of the urine made by different authors, with which my own tests agree, show that epicarin even when employed extensively for a long time, as for instance in cases of prurigo in children, does not injuriously affect the kidneys and does not tend to produce albuminuria.

Hence the field of indications of the drug seems to be much less limited than that of betanaphthol, for which reason we employed it not only in scabies and various mycotic affections of the skin, but also in eczema, prurigo, and pityriasis rosea. The fact that epicarin removes within a short time the itching so distressing in prurigo and scabies suggested its use in the treatment of pruritis senilis as well as universalis. We have not employed it in cases of psoriasis because several authors who tested it in this condition found it ineffective. Altogether I have employed epicarin in 115 cases, usually in a 10 or 20 per cent. ointment, and less frequently in a 10 or 20 per cent. alcoholic solution, while in a few instances of moist eczema I employed a 3 to 5 per cent. paste.

In general it can be said that under the application of an alcoholic solution of epicarin the skin becomes dry and rough, and that the effect is less prompt. Under the use of epicarin in the ointment form

the skin becomes much softer and is not irritated. For this reason in cases of diffuse cutaneous affections the salve appears more suitable, while in localized diseases of the skin, such as pityriasis rosea, pityriasis versicolor and erythrasma, the alcoholic solution is to be preferred on account of its more convenient method of application. Very strong ointments with vaseline, 20 per cent., or alcoholic solutions can only be employed in cases where the lesions cover small areas, because if applied for a long time to large surfaces they readily give rise to inflammation of the skin. This does not take place from the use of a 10 per cent. solution, or only at points where folds of the skin come in contact. I have employed epicarin both in the strength of 10 and 20 per cent., and have rapidly arrested itching with one or two applications. In cases of parasitic origin the relief is permanent. In prurigo it persists for a considerable time, but in pruritus universalis it is usually only transient.

I have tested the remedy in 60 cases of scabies, using spirits of epicarin, 10 per cent., in 11 cases, and a 10 per cent. ointment in 49 cases. The patient usually took a bath before its use and put on clean underclothing, while the bedding was changed. The duration of the inunctions was ordinarily 10 minutes. In 8 of these 60 cases complications were present. These were manifested in four instances by a more marked diffusion of dermatitis accompanying the scabies, while in three cases an inflammation occurred in the cutaneous folds and in one instance folliculitis. These complications, however, disappeared very rapidly after the use of Lassar's paste or a 10 per cent. boracic acid and vaselin salve. In 52 cases a very prompt effect resulted from one to two inunctions, the itching disappearing completely and the eruptions on the average in 6.3 days with desquamation. Inasmuch as a 10 per cent. ointment produced irritating effects in 8.1 per cent. of the cases, while the 10 per cent. alcoholic solution caused these effects in 36.3 per cent., we are led to prefer the former.

For illustration I would report two cases with complications, and two in which a prompt cure resulted.

Case I. M. G. had suffered for a number of days with marked dermatitis and presented distinct traces of scabies. May 29th a 10 per cent. epicarin ointment was applied, which was kept up daily until June 7th. During this time the itching ceased, the eruptions diminished and the itch burrows desquamated. The skin of the scrotum still appeared somewhat red, fissured and painful, but on June 10th this had also entirely disappeared.

Case II. R. S. had been affected with scabies for a number of days. November 10th a 10 per cent. epicarin salve was applied. November 19th the distressing itching had disappeared. The eruptions looked

paler, although some redness, papules, and pustules appeared around the hair follicles of the leg. This condition was treated with a 10 per cent. boric acid-vaselin salve, but persisted until the end of November. A 15 per cent. epicarin ointment was now used, and all traces of the scabies disappeared.

Case III. S. K. had suffered with scabies for a number of days, numerous itch-burrows being present. May 9th, inunctions of a 10 per cent. epicarin ointment. May 11th, the itching had subsided, and on the 13th the burrows were exfoliated, and a cure took place.

Case IV. M. K. presented numerous itch-burrows of several days duration. July 13th inunction of a 10 per cent. epicarin ointment. July 17th desquamation of the burrows and complete cure.

In 9 cases of cutaneous affections due to various animal parasites (lice, fleas, bed bugs), I have resorted to the remedy seven times in ointments and twice in alcoholic solution. In these cases the itching was entirely relieved within two or three days, the eruptions disappearing in the course of five or six days.

In 21 cases of pityriasis versicolor I used a 10 to 20 per cent. epicarin ointment in 8 cases, and a 10 to 20 per cent. alcoholic solution in 13. A complete cure, however, was obtained only in four instances. In the others there was only improvement. In but one instance were irritating effects observed. The duration of treatment was 12 days on the average. If the patches were of slight extent the application of the 20 per cent. alcoholic solution was quite successful. In three cases of erythrasma a 20 per cent. alcoholic solution proved most useful, the duration of treatment being on the average five to six days. In four cases of localized eczema with pruritus a 5 to 10 per cent. epicarin paste was chiefly used, and a good result obtained in two cases of moist eczema. In two other cases of dry scaling eczema en plaque an erythema remained which was rapidly removed with tar ointment. The duration of these cases was on the average 15 days.

In 11 cases of prurigo a 10 per cent. ointment was used in seven, and a 10 per cent. alcoholic solution in four. Although the remedy in some instances was applied for a long time in children irritation was observed in only two instances, a dermatitis developing between the cutaneous folds. This, however, did not interfere with the treatment and rapidly disappeared after the use of Lassar's paste. There remain 13 other cases, some of which were of very severe character. In these the itching disappeared after one or two applications; the skin became softer, the infiltrations and eruptions disappeared, and the swollen lymphatics receded. The alcoholic solution acted more slowly, while the skin did not become softer under its use.

The following cases will serve to illustrate the action of the remedy.

Case V. E. A., 17 years old, had suffered since childhood from eruptions over the entire body, especially the extensor surfaces of the lower extremities which appeared in attacks. Over the flexures of the joints, the sacrum, and the back there was a papular eruption covered with blood crusts due to scratching. At the elbow joints, and especially the knees, there were patches of squamous eczema. In both inguinal regions there were lymphatics of the size of an egg. May 13th a 10 per cent. epicarin ointment was applied, and on the 17th the itching had completely disappeared, while the eczematous places appeared more moist. May 21st, the eruptions were healing nicely. May 29th, redness and pain occurred in the axilla, which was relieved by the application of Lassar's paste. The strength of the epicarin ointment was now reduced to 5 per cent. June 6th the inflammation and eczema had completely vanished, and on the 15th the lymphatics were found to be much smaller, and no traces of the eruption were to be seen. The entire skin felt soft and the patient was discharged cured.

Case VI. F. K., a boy 7 years old, had suffered since 5 years with attacks of an itching eruption spreading over the entire body, and even the face. There were numerous papules covered with crusts, especially over the extensor surfaces of the body, while over the elbow and knees there were diffuse scaly deposits. The entire body, and especially the upper and lower extremities, presented the character of an ichthyosis. The inguinal glands were the size of a pigeon's egg. June 13th, a 10 per cent. epicarin salve was applied to the body, and a 5 per cent. ointment to the face. After a single application the itching disappeared. During the following days the papules and scaly deposits disappeared. No traces of albumen in the urine were discovered at any time. July 30th the papules had entirely disappeared. The skin was soft and smooth and the glands had become much smaller.

In two cases of pruritus senilis and in one of pruritus universalis I employed a 10 per cent. epicarin ointment. The itching in the latter rapidly disappeared, remaining absent for about half a day. The relief in the case of pruritus senilis lasted for one to three days, an apparent cure occurring after a prolonged use of the remedy, which was probably attributable to its softening action upon the skin. In a case of pityriasis rosea no effect was obtained.

In view of the results obtained in these various diseases and the fact that the remedy does not soil the clothing and is odorless and non-poisonous, we are justified in saying that epicarin represents an excellent addition to the dermatological materia medica. In pityriasis versicolor, erythrasma, and parasitic eczemas it is a fairly good remedy, while in scabies, prurigo and cutaneous affections due to animal parasites it responds to every requirement that can be made of a remedy indicated for this class of cases.

Die Heilkunde, December, 1901.



Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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E. D. Bondurant, M. D., Mobile.
B. L. Wyman, M. D., Birmingham.
Thomas D. Parke, M. D., Birmingham, Ala.*

The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to
THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

The Journal.

This Journal seeks medical news and papers from any and every source, and from any and every part of the country, but our special purpose has been, for fourteen years, and is still, and will continue to be, to give a medium in which the best thought and work of the medical profession of Alabama may be made known. We only ask the cordial co-operation of the profession in Alabama, which has been so cheerfully accorded this Journal in the past—with the promise that no means or effort will be spared on the part of the editor or others interested, to make this Journal helpful to every medical interest in the State.

Birmingham Medical College.

It will be gratifying news to the friends of medical education in Alabama and to the profession generally to learn that the faculty of the Birmingham Medical College have recently purchased a valuable lot adjoining the site of the new Hillman Hospital, upon which they will erect at an early day a modern college building which, it is understood, will be ready for the reception of students at the beginning of the next session in October. In addition to an increase in the capital stock there has also been a reorganization of the faculty and some valuable additions made to the teaching corps which will greatly increase the usefulness and efficiency of this institution already well established in the confidence of the medical profession. As will be remembered the college was organized in 1893 during a period of great financial depression and while it has labored under some difficulties owing to want of endowment like all Birmingham institutions it has prospered and has been in many respects a phenomenal success. The faculty is composed of many of the leading physicians of Birmingham who have demonstrated their fitness for the work which they have undertaken, by the excellent class of young men who compose the alumni.

The new college building will be a modern four-story brick structure conforming in architecture to the Hillman Hospital and will be complete in all of its appointments. As laboratory instruction constitutes an important feature in modern medical education ample provision has been made for the several laboratories, including chemistry, Histology, Physiology, Bacteriology, Pathology and Operative Surgery. Three large lecture amphitheatres afford excellent facilities for carrying on the regular four graded course.

Birmingham, with its marvelous growth in population is rapidly becoming one of the leading medical centers in the South. The city furnishes excellent facilities for clinical teaching. The St. Vincent Hospital, erected at a cost of \$200,000, is doing a great work for the poor and the students of the Medical College are allowed the privilege of attending the clinics in the amphitheatre of this hospital. The new Hillman Hospital adjoining the new college building will be completed in a short time. These two hospitals and the private infirmaries of the city give the student of medicine the very best hospital instruction. With a modern building, first-class equipment, a full corps of teachers and a high standard which has always been maintained, the Birmingham Medical College has indeed a very bright and promising future. We venture the prediction that in a short time this institution will take rank with the foremost medical colleges of the country.

Jerome Cochran Monument.

Soon after the death of Dr. Cochran, the editor of this Journal, appreciating the great work which Jerome Cochran had done for the medical profession of Alabama, in an editorial suggested that the medical profession and the people of Alabama should erect a monument to his memory. Following this, the President of the Association advocated in his annual message to the Association the importance of the suggestion. As a result the Association endorsed it and appointed a committee to take charge of the work, and raise the money to build the monument. After some delay, we are gratified to see that the committee has begun the work in earnest. The following to the medical profession has been issued:

To the Members of the Medical Association of the State of Alabama:

More than four years ago, when in session at Selma, it was resolved to erect a monument to our lamented leader, Jerome Cochran, and on several subsequent occasions that resolution has been re-affirmed.

The time is now ripe for action—such action as will vindicate our fidelity to the purpose we have proclaimed.

That Dr. Cochran's life-work richly deserves such a tribute all will freely concede.

You know that it was his genius that conceived and formulated our system of State organization, recently pronounced "incomparable" by the distinguished president of the American Medical Association, (Dr. Read of Cincinnati), in his presidential address before that body; you know that it was his tenacity of purpose, dauntless courage and wise leadership that unified the great body of the profession of the State in loyal and enthusiastic support of that system; you know that a high standard of ethical philosophy, a fellowship as delightful socially as it is elevating professionally, and an immeasurable advance in the skill of the physicians of the State, are some of the fruits which Jerome Cochran's work has borne for the profession and people of Alabama.

A monument can do him no good, but it can proclaim in silent, though eloquent words that our hearts are moved by noble impulses, and that we pay willing and fitting tribute to great conceptions and great achievements.

If we be true to ourselves, then, we cannot be other than just to his memory.

Let us not harbor a doubt as to our ability to erect the proposed monument.

Rather, let us esteem it a privilege to freely lay our offerings upon the altar of such a cause, and, soon, under the skillful hand of an artist,

the obedient bronze will stand forth in the outward form of our dead leader, to continually remind us of the cause for which he fought so long and so courageously, and in which true to the Latin maxim, he died with the dust of victory upon him.

Let it never be said that the Medical Association of the State of Alabama failed to carry out a noble and praise-worthy purpose to which it had solemnly pledged its faith.

A fund of five thousand dollars will accomplish the purpose. Shall we not have that amount and have it promptly? Shall we refuse to do ourselves credit, and at the same time do honor to the memory of a great man and a great benefactor?

When an opportunity of contributing is offered you, which will soon be done by members of your respective county societies, appointed for the purpose, it is earnestly hoped that your hearts will prompt your hands to make liberal responses, and when the day arrives to unveil the finished and imperishable statute you will justly feel proud of having aided in its erection.

W. H. Sanders, M. D.,

J. B. Gaston, M. D.,

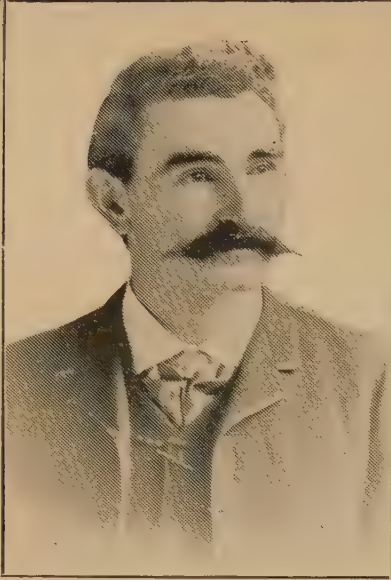
B. J. Baldwin, M. D.,

Committee.

Montgomery, Ala., March 1, 1902.

Tuberculosis of the Genito-Urinary Organs.

It appears from clinical reports that this condition is getting to be quite common. The disease may not be more frequent, but modern methods of diagnosis certainly bring more cases to our notice, and the medical mind is spending more time and thought on the subject. The subjects of this condition are mostly of middle age or under, hence the importance of thorough investigation as to the best methods and surest plans of eradicating a disease which causes so many untimely deaths. We recognize the fact that some cases get well under the care of the general practitioner who regulates the hygienic surroundings of the patient and treats him so that his tissue building powers exceed the destructive powers of the disease, and on the other hand, we give the patient all these advantages of treatment and institute thoroughly scientific surgical procedures and still the patient grows gradually worse and dies. We cannot hope to cure all, but we do want to arrive at the best methods of treating these cases in all the stages in which they come to us. As a rule when they apply to the physician or surgeon the disease has extended from the primary point of infection, has become multiple and is more difficult to deal with, and the chances of



Wyatt Heflin, M.D.,
Counselor Alabama Medical Association,
Chairman Committee on Entertainment,



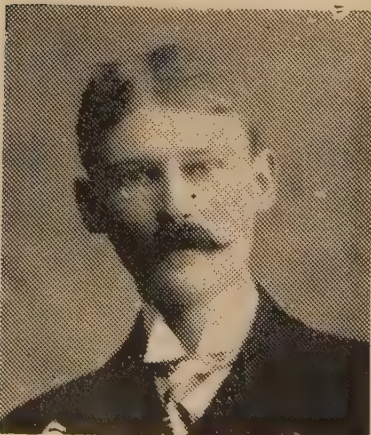
W. M. Jordan, M.D.,
Member Entertainment committee.



W. B. Ward, M.D.,
Orator.



Geo. H. Stubbs, M.D.,
Member Entertainment Committee.



permanent cure very much diminished. The question we should like to settle concerns the proper limitations of surgical interference. The practice of curetting or removing a tubercular focus in a testicle and leaving the remainder of the organ could hardly be classed as conservative or wise. The same principle will hold in case the infection is in the kidney, as experience has proven that nephrectomies have given much better results than nephrotomies.

Occasionally where a tuberculous focus has been removed the body is relieved of so much of the infection that it reacts and may throw off or overcome other small areas of infection.

During the meeting of the Thirteenth International Medical Congress in Paris, the Genito-Urinary sections spent much time in discussing tuberculosis of the urinary organs and their conclusions were about as follows:

1. That local medical treatment is rarely successful.
2. That surgical attempts at mitigation—including curettement of the tuberculous bladder, resection of the kidney, nephrotomy—are seldom beneficial, but often harmful.
3. That bladder tuberculosis is regularly secondary to some prior localization of the infection.
4. That renal tuberculosis is often primary.
5. That nephrectomy is the only proper surgical treatment for renal tuberculosis, as well as the only operation for tuberculosis anywhere in the urinary tract, which gives satisfactory results. In most cases where death follows nephrectomy it is due to infection of the other kidney and it would be well to test the functional activity of the kidney to be left before the other is removed.

Dr. Davis' Operation for Biliary Obstruction.

Dr. Hugh M. Taylor, Professor of the Practice of Surgery and Clinical Surgery, University College of Medicine, (Richmond Journal of Practice) says:

"A point in obstructive jaundice not impressed as I think it should be is the fact that, not only are the common and right and left hepatic ducts dilated, but the dilatation and cholangitis extends to the minutest ramifications of the smaller ducts throughout the liver, and inflammatory changes resulting in hypertrophic scirrhosis is a very frequent sequence of obstructive jaundice, or rather a sequence of the diffuse cholangitis. In fact, it is held that hypertrophic scirrhosis is always due to bile duct obstruction, while the atrophic scirrhosis has to do with blood vessel changes,

"This dilatation of the bile ducts within the liver substance must be kept in mind to appreciate some pioneer surgery of the liver, so forcibly brought to our attention by Dr. W. E. B. Davis, of Birmingham, in a recent paper which he read before the Southern Surgical and Gynecological Association. In cholemia incident to obstructive jaundice with a patent cystic duct and a gall-bladder that is accessible, a cholecystenterostomy or preferably a cholecystostomy can be performed, and the danger incident to cholemia tided over. But in common duct obstruction from stone with a contracted gall-bladder and a hypertrophied liver we cannot bring the gall-bladder to the abdominal incision and may not be able to get at it to suture it to the intestine. Some of you who attended my clinics last year will recall just such a case. The patient was profoundly jaundiced and gave a clear history of common duct obstruction by stone. The hypertrophied liver extended almost to the iliac crest. After the section I could find no gall-bladder; it was so much contracted and so high up under the large liver that I could not see it or feel it. While trying to locate the bile duct by palpation, I had the pleasure of seeing a stone escape into the duodenum. I did no more, the patient recovered, the jaundice disappeared in time, and the enlarged liver reduced rapidly. Suppose I had not accidentally dislodged that stone, I could have done nothing. Thanks to Dr. Davis, we now have a resource in such cases. The dilated bile ducts in the liver, if cut, will bleed bile just as the cut veins bleed blood—the veins will contract and the blood will coagulate; but the bile from the incised biliary ducts will continue to discharge bile as long as the back pressure of the bile continues. In the cases, then, in which the gall-bladder cannot be attached to the abdominal incision, Dr. Davis advises the attachment of the cut margin of the liver wound to the abdominal incision and thus permit the bile ducts to bleed bile as long as necessary. This procedure will not be indicated in a large number of cases, but it is distinctly an advance."

Water Supply.

It will be seen by reports in the daily press that Mr. Gray, the expert employed by the "Sanitary Commission of Jefferson County" to investigate the water supply of Birmingham, that he has made his report, and recommends filtration for purifying the water, which is our endorsement of the views expressed by the Jefferson County Medical Society, and the committee appointed by the society which consisted of Drs. J. C. LeGrande, Geo. S. Brown, L. C. Morris, E. P. Riggs and J. M. Mason.

State Medical Association.

The good city of Birmingham is to be honored with the meeting of the Association next week. The Journal, the local medical profession and every good citizen in the city extends a most cordial welcome to every physician who may attend the meeting. There will be a number of receptions given by the doctors of Birmingham and everything will be done to make the stay of our friends pleasant and profitable.



DR. E. L. MARECHAL.

President of the Medical Association of Alabama.

Among the subjects to be discussed are the following:

What Precautions Should be Taken to Prevent the Spread of Infectious Diseases?—Dr. Glenn Andrews, Montgomery.

Uric Acid, a Factor in Disease Causation—Dr. Wm. L. Dinsmore, Decatur.

The Medicine and Surgery of the Future, From the Standpoint of Sanitation and Prevention—Dr. T. Joseph Dean, Union Springs.

Pneumonia, With Special Reference to Complications and Treatment—Dr. Wm. Groce Harrison, Talladega.

La Grippe in Alabama, Its Complications, Sequelae and Treatment—Dr. A. L. Harlan, Alexander City.

The Relation of the Medical and Legal Professions—Hon. J. B. Duke, LaFayette.

Pericardial Effusions and Their Surgical Treatment—Dr. L. L. Hill, Montgomery.

Surgical Fevers—Dr. Wm. R. Jackson, Mobile.

Recent Progress in Brain Surgery—Dr. Wm. H. Hudson, LaFayette.

Recent Progress in our Knowledge of Malaria—Dr. S. C. Henderson, Brewton.

Cancer of the Breast, With Special Reference to the Treatment of Inoperable Cases—Dr. F. Goodwin Dubose, Selma.

The Medical Treatment of Old Age—Dr. Robert D. Jackson, Woodlawn.

Ectopic Gestation—Dr. Wyatt Heflin, Birmingham.

The Toxaemia of Pregnancy—Dr. J. B. Killabrew, Mobile.

Haemorrhagic Malarial Fever. Dr. Wm. J. McCain, Livingston.

The General Practitioner as a Gynecologist—Dr. R. J. Redden, Sulligent.

The Relation of the State to Tuberculosis—Dr. Edgar A. Jones, Birmingham.

Mastitis—Dr. O. L. Shivers, Marion.

What is the Cause of the Large Infantile Mortality in Alabama and How Can it be Obviated?—Dr. Thomas D. Parke, Birmingham.

Appendicitis—Dr. J. D. S. Davis, Birmingham.

At 10 o'clock on the second day the Jerome Cochran lecture will be delivered by Dr. John H. Musser, of Philadelphia. At the evening session of the same day, Dr. Jacob Huggins, of Newberne, will deliver the Monitor's address and the annual oration will be delivered by Dr. E. B. Ward, of Selma.

The third day will be given to the reading of specially prepared papers, as follows:

The Newer Uses of Electricity in Medicine and Surgery—Dr. G. Betton Massey, Philadelphia.

A Report of Two Cases—Dr. W. H. Blake, Sheffield.

The Injury to Young Cells Caused by Certain Common Surgical Dressings—Dr. Robert F. Morris, New York.

The Therapeutic Use of the X-ray—Dr. Eugene D. Bondurant, Mobile.

Anomalies in the Development of the Uterus—Dr. R. S. Hill, Montgomery.

The Treatment of Cold Abscesses—Dr. W. R. Townsend, New York.

The Place of Drugs in the Treatment of Stomach Troubles—Dr. Boardman Reed, Philadelphia.

Three Incurable Conditions Amenable to Surgery—Dr. Jas. T. Jelks, Hot Springs, Ark.

Inflammatory Conditions of the Vermiform Appendix—Dr. Wm. T. Henderson, Mobile.

Proper Methods of the Care and Treatment of the Feeble Minded of the State of Alabama—Dr. C. T. Wilbur, Kalamazoo, Mich.

Albuminuria in Pregnancy—Dr. T. A. Casey, Birmingham.

Some Reasons for Past Failures in the Treatment of the Morphine Habit—Dr. Geo. S. Petty, Memphis.

Intestinal Obstructions—Dr. S. S. Tam, Mobile.

Neglected Prophylactic and Therapeutic Measures—Dr. W. H. Sanders, State Health Officer of Alabama.

A Case of Gunshot Wound of the Abdomen, Complicated With Chronic Appendicitis—Dr. J. M. Watkins, Troy.

Appendicitis—Dr. Geo. S. Brown, Birmingham.

Intra-Cecal Pappilloma Simulating Appendicitis—Dr. W. W. Harper, Selma.

Continuous Bath in Surgical Infections—Dr. H. E. Pressley, Birmingham.

Typhoid Fever—Dr. W. W. Mangum, Eufaula.

Interesting Surgical Case—Dr. H. T. Inge, Mobile.

The Prevention of Ophthalmia Neonatorum.

In an article on the prevention of ophthalmia neonatorum Dr. Lucien Howe, of Buffalo, (Philadelphia Medical Journal, January 18, 1902), whose name is so prominently identified with this subject, urges the enactment of laws which will make it compulsory upon the practitioner to adopt some form of prophylaxis against this disease, which is responsible for so many cases of blindness. He cites statistics by Kostling, showing that in 17,000 births where no prophylactic treatment had been employed some trace of ophthalmia developed in over nine per cent., whereas in 24,000 children treated by the Crede method the number who developed the disease was only one-half of one per cent. The Crede method, however, has the disadvantage of always producing some pain and usually more or less conjunctivitis, while in a few instances it has given rise to corneal ulceration. According to the statistics of Piotrowski, in 1030 children treated with strong solution of boric acid and a ten per cent. solution of protargol not a single case of ophthalmia occurred, while slight catarrhal conjunctivitis was observed in only 1.2 per cent. Aside from the numerous favorable reports on the value of protargol as a prophylactic against this affection by European authors, the drug is preferred for this purpose by many ophthalmologists

in this country, including Drs. Alt, Peck, Cheney, Fox, Holtz, Zimmermann, Converse and Todd. In commenting upon Dr. Howe's paper the Philadelphia Medical Journal remarks editorially: "If we cannot reach the fons origo of ophthalmia neonatorum, we can at least save the offspring from a life of darkness, and protect the community from a source of burden and expense. That this can to an enormous extent be accomplished by prophylatic instillation need hardly be repeated, and its negligence constitutes a sin of omission that deserves commensurate punishment. The enactment of such a law is feasible, its interpretation obvious, and its enforcement not difficult, provided the accoucheur receives the intelligent support of an intelligently instructed community."

Our Visiting Doctors.

In this issue of the Journal, in the local advertising department, will be found something which every doctor will be interested in, and which every one must have. All houses advertised in this department are the best in their respective lines, in the city of Birmingham. The doctors are specially and cordially invited to call and see our friends in this department. Mention that you saw their ad. in the Journal, and you will get the best treatment.

WHAT ARE YOU PRESCRIBING?

The popularity of any one product is a positive assurance that it will immediately have a host of imitators all greedy to secure the benefit of the reputation which they enjoy, due to its value. Inasmuch as substitutes are never as good as the original preparation, and many times positively dangerous, it is unnecessary to warn our readers against knowingly using these goods.

One of the most popular preparations, at the same time most extensively substituted is Micajah's Medicated Uterine Wafers. Their intrinsic value in the treatment of diseases of women makes it imperative that the original only be used, if you desire satisfactory results, and that the doctor prescribing should make it his duty to see that not a substitute is given his patient.

It gives me great pleasure to state that my experience with Cactina Pillets has been most satisfactory in cases of rapid, irregular heart action. I find their use most successful in controlling and relieving the cardiac pains accompanying this condition.

Buffalo, N. Y.

James H. Carr, M.D.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

Dr. Charles Whelan, of this city, is taking a Post-Graduate course in New York.

The new French law requires children to be vaccinated during their first year, again at 11 and again at 21.

Dr. J. D. Gibson will give an exhibition of X-ray and also show the doctors through his sanitarium, especially through the thermal, massage and hydrotherapy departments immediately after the luncheon of Pr. George Brown on Wednesday.

Richard Travers Smith notes that the fermentations necessary to produce smokable tobacco are the work of bacteria, and the various flavors of different tobaccos is due more to varying kinds of bacteria than to the soil in which the tobacco is grown.—Ex.

Dr. J. C. Abernathy, of Birmingham, is attending the Confederate Reunion at Dallas, Texas. During the civil war Dr. Abernathy held an important position as surgeon, and has been honored by his old comrades by being elected to important official positions.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page 12).

For coughs, heavy colds, catarrhal fever, influenza and other congested conditions, Tongaline and Quinine Tablets will give most speedy relief, the effect of the quinine being wonderfully assisted by the extraordinary eliminative action of the Tongaline upon all the emunctories.

A VALUABLE REMEDY IN INTESTINAL IRRITATION.

By Louis Leroy, A.M., M.D., Nashville, Tenn.

Professor of Pathology, Vanderbilt University, State Bacteriologist of Tennessee, etc.

While Terraline has been restricted in its use largely to cases of bronchial inflammation or in allaying troublesome coughs, or for its nutritive value in conditions of emaciation, it seems that one of its most useful actions and broadest fields has been largely overlooked. This is the soothing effect which it has upon the mucous membrane of the gastro-intestinal tract. The oil is perfectly bland and tasteless and so thoroughly refined that it lacks the irritating fatty acids which are nearly always present in any of the oils used for internal administration. These qualities permit its administration in good sized doses, over prolonged periods of time without causing digestive disturbances, eructations or surfeiting the patient. This will be found to afford relief to a marked degree in cases of tubercular ulceration of the intestine, and in the pain of gastric ulcer. In pyloric carcinoma, with stenosis, a moderate dose administered before the ready passage of the food through the pylorus, and cause some remission in the pain.

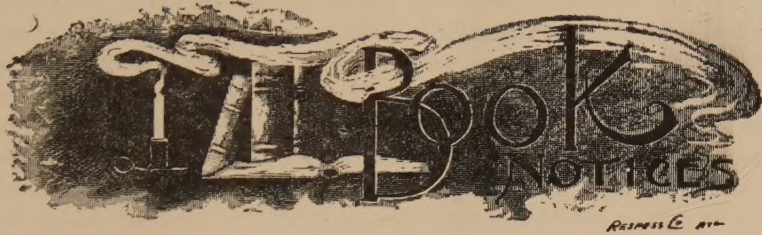
In one case of gall stone which recently came under my care, Terraline was substituted for olive oil with the most pleasing results. The patient took the large amount recommended (16 ounces) more readily than would have been the case with olive oil and passed safely through the attack. Since the first attack she has been kept on tablespoonful doses three times a day for two months without any inconvenience, and not expressing any distaste for the remedy. There has so far been no indications of a return of the trouble.

Terraline also has proved in our hands a pleasant adjunct in the administration of cathartics. With these the amount of griping is very much diminished, and larger doses can be given, and a very thorough effect obtained without the unpleasantness which would otherwise be produced.

When used for its sedative effect on the gastro-intestinal mucosa it can be given in larger doses than one usually recommended when its effect upon the respiratory tract is sought. Tablespoonful doses, or even ounce doses three times daily will be found to be well borne. As the oil is of mineral origin and chemically nearly as stable as paraffin, it may be combined with any of the other remedies desired, directly if they are mixable with the oils, separately if not, but with the assurance that each will have its own therapeutic effect without detriment from the other.

The results which we have had in the past with Terraline indicate quite a field of usefulness which can readily suggest itself from the foregoing.—The Medical Examiner and Practitioner.

Nashville, Tenn., Jan. 17, 1902.



BERGEY'S PRINCIPLES OF HYGIENE.

THE PRINCIPLES OF HYGIENE: A Practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A.M., M.D., First Assistant, Laboratory of Hygiene University of Pennsylvania Octavo volume of 495 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.00 net.

This book is intended to meet the needs of students of medicine in the acquirement of a knowledge of those principles upon which modern hygiene practices are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up to date.

Among the important subjects considered are Ventilation, Heating, Water and Water Supplies, Disposal of Sewage and Garbage, Food and Diet, Exercise, Clothing, Personal Hygiene, Industrial Hygiene, School Hygiene, Military and Naval Hygiene, Habitations, Vital Statistics, Disinfection, Quarantine, etc. The idea of the book is to give the reader a clear understanding of the general principles of this broad subject. The rapid strides made in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

OPHTHALMIC MYOLOGY.

A SYSTEMATIC TREATISE ON THE OCULAR MUSCLES. By G. C. Savage, M.D., Professor of Ophthalmology in the Medical Department of Vanderbilt University—Author of *New Truths in Ophthalmology*—Ex-President of the Nashville Academy of Medicine—Ex-President of the Tennessee State Medical Society—Sixty-one Illustrations.

This is the title of a new book by Dr. Savage of Nashville. It is a

book of more than five hundred pages, edited by the author, and deals exclusively with the eye muscles, their arrangement with reference to the eye planes, and to each other, their mechanism and functions, their abnormalities or irregularities of action, and methods of treating. The work is comprehensive, exhaustive, and highly scientific. The first chapter takes up the fundamental principles and lays the foundation for the succeeding chapters. Here is discussed the position of the muscles, the direction in which the force is applied, the eye planes, visual angles, etc. Many of the features of this chapter are the original ideas of author and have appeared in print before. They have been the subject of criticism—sometimes very severe criticism, but being based on mathematical principles, have come out with honors. The rest of the book is devoted to the various forms of muscle balance and unbalance, insufficiencies, deviation, etc.

The illustrations throughout are largely original and ingenious.

It would be hard to point out all the good features of the book, and to review it would be like reviewing a work in mathematics. The only criticism that the reviewer has to make is that it is heavy reading, and rather too scientific for the average doctor; but the author is a genius and has given the profession a most excellent work; one that no ophthalmic surgeon can well afford to be without, containing as it does practically all that is known about eye muscles and their management.

S. S. S.

AMERICAN EDITION OF NOTHNAGEL'S ENCYCLOPEDIA.
 VARIOLA, VACCINATION, VARICELLA, CHOLERA, ERYSIPE-
 LAS, WHOOPING COUGH, HAY FEVER.

VARIOLA (INCLUDING VACCINATOIN). By Dr. H. Immermann, of Basle. Varicella. By Dr. Th. von Jurgensen, of Tubingen. Cholera Asiatica and Cholera Nostras. By Dr. C. Liebermeister, of Tubingen. Erysipelas and Erysipeloid. By Dr. H. Lenhartz, of Hamburg. Whooping Cough and Hay Fever, by Dr. G. Sticker, of Giessen. Edited, with additions, by Sir J. W. Moore, B.A., M.D., F.R.C.P.I., Professor of the Practice of Medicine, Royal College of Surgeons, Ireland. Handsome octavo volume of 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$5.00 net; Half Morocco, \$6.00 net.

The articles included in this volume treat of a number of diseases second to none in importance, whether regarded from the standpoint

of Preventive Medicine or as the cause of widespread sickness and death. Although the excellence of the German work and the detailed and comprehensive manner in which the respective authors had dealt with their several subjects left comparatively little to be added, the editor has not hesitated to amend the text whenever necessary, and has also embodied the results of his personal experiences, gained during a varied practice extending over thirty-three years.

One of the most timely articles included in the work is that on Variola, including Vaccination and Variolation. Dr. Immermann's monographs on these subjects, now of vital interest, especially in the United States and Great Britain, have probably never been equaled for circumstance of detail and masterly argument.

The other articles, each by a German specialist of recognized authority, are also skillful expositions of the particular diseases under discussion. The entire volume being edited by a specialist of acknowledged ability, the work, it will be seen, has been brought precisely down to date. It is, indeed, a magnificent contribution to the literature of medicine.

WOLF'S PHYSIOLOGIC CHEMISTRY.

A LABORATORY HANDBOOK OF PHYSIOLOGIC CHEMISTRY AND URINE-EXAMINATION. By Charles G. L. Wolf, M.D., Instructor in Physiologic Chemistry, Cornell University Medical College, New York. 12mo volume of 190 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$1.25 net.

The object of this book is to supply to students and practitioners of medicine a guide to a course in physiologic chemistry and the examination of the urine and the contents of the stomach. The first part of the book is taken up with simple exercises in physiologic chemistry, which will give an elementary insight into the chemical side of physiologic processes.

In the part of the book which deals with the urine and the gastric contents, no tests have been given which do not rest on a good chemical foundation. The aim has been to give as few tests as possible, and these to be chosen for their suitability to purely clinical needs. No operations are described which have not undergone a thorough trial with students in the laboratory.

GORHAM'S BACTERIOLOGY.

A LABORATORY COURSE IN BACTERIOLOGY. For the use of Medical, Agricultural, and Industrial Students. By Frederic P. Gorham, A.M., Professor of Biology, Brown University; Bacteriologist to the Health Department, Providence, R. I. 12mo volume of 198 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$1.25 net.

Bacteriology is essentially a laboratory study. It is only by actual laboratory work that it can be taught in such a manner as to serve any useful purpose. It is also a subject of very general scientific interest. Courses in bacteriology are no longer confined to the medical schools, but are being introduced into colleges and agricultural and industrial schools. This volume has been prepared as a guide to the practical details of laboratory work. It is intended to present the subject in such a general way as to lay a broad foundation for later specialization in any branch of bacteriology. By a judicious selection the course can be made to conform to the requirements of medical, agricultural, or industrial students.

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